DOCUMENT RESUME

ED 208 633 EC 140 089

TITLE Speech and Language Impaired: Resource Manuals for Program for Exceptional Children. Volume VII.

INSTITUTION Georgia State Dept. of Education, Atlanta. Office of Instructional Services.

PUB DATE 80

NOTE 163p.; For other volumes in the series, see EC 140 083-092.

EDRS PRICE MF01/PC07 Plus Postage.

DESCRIPTORS Definitions; *Due Process; Elementary Secondary Education; Eligibility; *Language Handicaps; *Program Design; *Program Evaluation; *Speech Handicaps; Speech Therapy; State Standards; Student Placement

IDENTIFIERS Georgia

ABSTRACT

The manual provides information and resources on teaching speech and language impaired students in Georgia. Topics addressed cover seven major areas (sample subtopics in parentheses): definitions; eligibility criteria (entrance criteria, waiting lists); due process (screening, referral); program organization (philosophy, delivery models, personnel); instructional programs (therapy objectives, materials and equipment); program evaluation; and additional resources (directories professional organization). Sample forms are appended. (CL)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED208633

# Volume VII

# Speech and Language Impaired

## Resource Manuals For Program For Exceptional Children

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

A. Moughon

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

EC 140089

Office of Instructional Services
Division of Special Programs
Program for Exceptional Children
Georgia Department of Education
Atlanta, Georgia 30334

Charles McDaniel
State Superintendent of Schools
1980

# Foreword

Georgia is committed to the belief that every exceptional child has a right to receive an education based on his or her individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

**Adequate Program for Education in Georgia Act (APEG)**
**Section 32-605a, Special Education**

"All children and youth who are eligible for the general education program, preschool education, or who have special educational needs and three and four year old children who are either physically, mentally, or emotionally handicapped or perceptually or linguistically deficient shall also be eligible for special education services. Children, ages 0-5 years, whose handicap is so severe as to necessitate early education intervention may be eligible for special education services."

Effective date: July 1, 1977

**P.L. 94-142, Education for All Handicapped Children Act of 1975**

The full services goal in Georgia for implementation of P.L. 94-142 states:

"All handicapped children ages 5-18 will have available to them on or before September 1, 1978, a free appropriate education. Ages 3-4 and 19-21 will be provided services by September 1, 1980, and 0-2 by September 1, 1982, if funds are available."

Effective date: September 1, 1978

**Section 504 of P.L. 93-112, The Vocational Rehabilitation Act of 1973**

"No otherwise qualified handicapped individual shall solely by the reason of his/her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

Effective date: June 1, 1977

The purpose of the *Resource Manuals for Programs for Exceptional Children* is to help local education agencies implement these laws and provide quality programs for exceptional children.

# Acknowledgements

This publication could not have been developed without the contributions of many speech-language pathologists, special education directors/coordinators, university personnel and concerned professionals in the field of speech-language pathology across the nation. The resource manual committee contributed many hours of work and valuable expertise. All professional assistance given by individuals involved in the development of this resource manual is gratefully acknowledged.

**Resource Manual Committee**

Virginia Nixon, Chairperson
Consultant, Speech and Language Impaired
Georgia Department of Education
Program for Exceptional Children
State Office Building
Atlanta, Ga. 30334

Marcia Arnold
Speech-Language Pathologist and
Coordinator, Special Education Services
Worth County Schools
Sylvester, Ga. 31791

Elizabeth P. Bailey
Department Chairperson/
Speech-Language Pathologist
DeKalb County Schools
Robert Shaw Center
385 Glendale Rd.
Scottdale, Ga. 30079

Joan Berryman, Assistant Professor
Speech Pathology, Audiology
Division for Exceptional Children
556 Aderhold Hall
University of Georgia
Athens, Ga. 30602

Phyllis Bogner
Speech-Language Pathologist
Special Education Program
Barrow County Schools
Winder, Ga. 30680

Mary Elizabeth Davis
Speech Language Pathologist
Pickens County Schools
P. O. Box 268
Tate, Ga. 30177

Alice Drake
Speech Language Pathologist
Exceptional Children's Program
Berrien County Schools
Nashville, Ga. 31639

Bonnie Hosti
Speech-Language Pathologist
Special Education Program
Chatham County Schools
208 Bull St.
Savannah, Ga. 31401

Shirley Jaeger
Consultant, Speech and Language Impaired
Muscogee County Schools
539 Brown Ave.
Columbus, Ga. 31907

Jerrie Lane
Lead Speech-Language Pathologist
Department of Special Education
Richmond County Board of Education
3146 Lake Forest Dr.
Augusta, Ga. 30909

Susan P. Smith
Lead Speech-Language Pathologist
Special Education Program
Gwinnett County Schools
Oakland Center
950 McElvaney Lane
Lawrenceville, Ga. 30245

Julianna Williams
Consultant, Physical Handicaps
Bibb County Schools
3769 Ridge Ave.
Macon, Ga. 31204

## Table of Contents


Foreword ..... ii

Acknowledgements ..... iii

I. DEFINITIONS ..... 1
Speech Language Impairments ..... 2
Speech Language Pathology Services ..... 2
Role of the Speech Language Pathologist in the Public Schools ..... 2

II. ELIGIBILITY CRITERIA ..... 3
Entrance Criteria ..... 4
Sample Severity Rating Systems and Caseload Selection Guidelines ..... 4
Waiting Lists ..... 13
State Regulations and Procedures, (August 1978) ..... 13
Determining Maximum Recommended Caseload ..... 14

III. DUE PROCESS ..... 17
Introduction ..... 18
Screening ..... 19
Referral ..... 20
Comprehensive Evaluation ..... 20
IEP ..... 21
Placement ..... 22
Confidentiality ..... 22
Exit Criteria ..... 22

IV. PROGRAM ORGANIZATION ..... 25
Program Philosophy, Goals and Objectives ..... 26
Program Delivery Models ..... 26
Continuum of Services ..... 26
Scheduling Recommendations ..... 29
Personnel ..... 30
Guidelines ..... 30
Certification ..... 32
Communication Aide Programs ..... 32
Recruitment ..... 34
In-service ..... 35
Facilities ..... 35
Use of First and Last Weeks of School ..... 36
Public Relations ..... 39
Record Keeping Procedures ..... 39

V. INSTRUCTIONAL PROGRAM ..... 41
Speech and Language Therapy — Direct Service Objective ..... 42
Sample Articulation Therapy Objectives ..... 42
Sample Fluency Therapy Objectives ..... 42
Sample Voice Therapy Objectives ..... 43
Sample Language Therapy Objectives ..... 43
Professional References ..... 45
Materials and Equipment ..... 52

VI. PROGRAM EVALUATION ..... 59

VII. ADDITIONAL RESOURCES ..... 65
Directories ..... 66
Professional Organizations ..... 66
State and Community Resources ..... 66

VIII. STATE SCHOOLS, CENTERS FOR SEVERELY EMOTIONALLY DISTURBED, GEORGIA LEARNING RESOURCES SYSTEM ..... 69

IX. APPENDICES ..... 73
APPENDIX A — Sample Forms, Records and Reports for Speech-Language Pathology Programs ..... 75
APPENDIX B — List of Selected Materials/Equipment ..... 111
APPENDIX C — Selected Books, Booklets and In-service Materials for Parents/Teachers of Speech-Language Impaired Children ..... 123
APPENDIX D — List of Speech-Language Tests ..... 127
APPENDIX E — Descriptions of Selected Language Evaluation Measures ..... 135
APPENDIX F — Georgia Teacher Certification Requirements and Regulations for Speech-Language Pathologists ..... 145
APPENDIX G — Preparing for Monitoring: A Checklist for Speech-Language Pathology Programs ..... 149
APPENDIX H — Suggested Outline for Comprehensive Speech-Language Evaluation ..... 153
APPENDIX I — Reference List—Use of Communication Aides in Speech-Language Pathology Programs 157

# Chapter I
# Definitions

## Speech-Language Impairment

A speech or language impairment is one in which a communication skill differs so far in manner or content from that of peers that it calls attention to itself; disrupts communication; or affects emotional, social, intellectual or educational growth. A communication impairment refers to disorders in comprehension and/or use of language, articulation, voice and fluency skills.

- Language Disorders

  Language disorders encompass problems in semantics (word meanings), syntax (grammatical patterns), morphology (word order) and certain aspects of phonology (speech sounds).

- Articulation Disorders

  Articulation disorders are problems with speech sound production and their integration. They are characterized by substitutions, distortions, omissions and additions.

- Voice Disorders

  Voice disorders include problems in vocal production and control characterized by differences and deviations in pitch, loudness, quality and prosody (including rate), which are inappropriate for the student's age and sex.

- Fluency Disorders

  Fluency disorders are problems in maintaining speech flow due to interferences such as repetitions, prolongations, hesitations, broken words, revisions or extraneous movements.

## Speech-Language Pathology Services in Public Schools

Public school speech-language pathology programs provide professional comprehensive services designed to achieve maximum competence in communication for the speech and language impaired student. These services include diagnostic, referral, therapeutic and consultative procedures for students handicapped by communication impairments. Inherent in these services is coordination with other environmental influences affecting the student and administrative responsibilities involving the individual student's program and the total speech-language pathology program within the school system.

## Role of the Speech-Language Pathologist (SLP) in the Public Schools

As important members of the education team, public school speech-language pathologists have varying roles and responsibilities depending on local situations. Responsibilities may include the following.

- Identification of speech and language impaired students
- Diagnosis and evaluation of communication skills of students detected in the identification process
- Participation in or conducting pupil personnel staffings in order to

  discover and relate pertinent data used in the determination of student needs

  prepare an individual educational plan

  appropriately place in preventive, habilitative and maintenance programs
- Implementation of speech and language objectives on individualized educational plans by

  scheduling students

  providing consultative services to teachers, parents, administrators and allied agencies in order to integrate speech and language goals into the classroom, other educational programs and the home environment

  evaluating and reporting student progress for continuation or termination of services

  referring to other agencies and/or personnel when appropriate
- Investigation and use of new strategies for delivering pupil services by conducting or participating in research, pilot projects, and continuing education/staff development
- Participation with school administrators/coordinators for effective planning, coordination and implementation of speech-language pathology programs into the total educational system.

# Chapter II
# Eligibility Criteria

## Entrance Criteria

Entrance criteria and enrollment priorities provide the basis for case selection, program development and evaluation in programs serving speech and language handicapped children and youth. Once established, these criteria may be used in a variety of ways (1) in the design of in-service for other special education specialists, regular classroom teachers and administrators, (2) to assure continuity of case selection among SLP's, (3) to evaluate types and severity of cases identified at individual schools thus assisting in determining objectively the amount of service each school requires and (4) to provide a framework for evaluation of the numbers, types and severity of students served.

Georgia's Program for Exceptional Children *Regulations and Procedures* define entrance criteria for speech-language pathology programs as follows.

*Eligibility for speech and language services shall be determined on the basis of a comprehensive evaluation by a fully certified speech and language therapist. This evaluation consists minimally of assessment of the student's (1) articulation, (2) language, (3) fluency, (4) voice, (5) hearing acuity and (6) adequacy of the oral mechanism. In children suspected of having a voice disorder, an evaluation by a laryngologist is also necessary in order to determine (1) the status of the vocal mechanism and (2) the efficacy of speech therapy for correcting the cause of the vocal disorder.*

Standardized test instruments or published normative data in speech-language pathology must be employed in assessment programs for students with a suspected disability in language, speech, fluency or voice.

## Sample Severity Rating Systems and Caseload Selection Guidelines

Each local school system should develop severity rating criteria and caseload selection guidelines which are appropriate for the student population served within the individual school system.

The following sample guidelines and rating systems were designed by various Georgia systems.

### Example I - Gwinnett County Schools

Gwinnett County Schools Severity Rating Criteria and Caseload Selection Guidelines

| | |
|---|---|
| Priority I | Severely impaired in one or more areas of communication* |
| Priority II | Moderately impaired in two or more areas of communication |
| Priority III | Moderately impaired in one area of communication |
| Priority IV | Mildly impaired in two or more areas of communication* |
| Priority V | Mildly impaired in one area of communication |

*Areas of communicaton - Articulation, Language, Voice, Disfluency

### Articulation Disorders

Severe

The student's speech is unintelligible to the majority of listeners unfamiliar with her or his speech. The speech is characterized by omissions, substitutions and distortions that are incompatible with developmental expectancies.

Moderate

The student's speech is fair to poor in intelligibility to the majority of listeners unfamiliar with her or his speech. The speech is characterized by many articulation errors that may or may not be commensurate with developmental expectancies.

Mild

The student's speech is intelligible to the majority of listeners. Speech is characterized by one or more articulation errors.

**Fluency Disorders**

Severe

The student stutters on more than 20 percent of words with blocks averaging three to four seconds in length. He or she exhibits conspicuous tension and secondary characteristics such as distracting sounds, facial grimaces, and/or associated body movements.

Moderate

The student stutters on eight to 20 percent of words with blocks characterized by easy repetitions, prolongations and/or hesitations. Tension and/or secondary characteristics generally are not present.

Mild

The student stutters on two to seven percent of words and blocks characterized by easy repetitions, prolongations and/or hesitations. Tension and/or secondary characteristics generally are not present.

**Voice Disorders**

Severe

The student's voice is aphonic or so inappropriate for age and sex that the verbal mode of communications is rendered ineffective.

Moderate

The aspects of vocal production (quality, intensity, pitch, nasality) limits verbal communication.

Mild

The voice production displays a minor deviation which does not interfere with communication.

**Language Disorders**

Areas of Language Competency (considered when assigning severity rating)

Verbal expression

1. Sentence structure

   Length
   Type
   Grammatical features (negation, plurals, pronouns, verbs, etc.)

2. Vocabulary

3. Quality of response

   Word finding
   Timing of response
   Sequencing
   Appropriateness of response

Receptive Language

1. Auditory comprehension of language

   Vocabulary
   Concepts
   Grammatical features

2. Memory

3. Reasoning and problem solving

**Language Disorders**

Severe

The child's language is at least three years delayed in expressive and/or receptive language. The child's language is disordered; three standard deviations and/or lower five percentile in two or more areas of language competencies.

Moderate

The child's language is two years delayed in expressive and/or receptive language. The child's language is disordered in one or more areas of language competencies (lower five percentile) or two or more areas (lower 10 percentile).

Mild

The child's language is delayed one year in expressive and receptive language. The child's language is disordered in at least one area of language competency below the tenth percentile.

**Special Considerations in Caseload Selection**

Gwinnett County

The American Speech and Hearing Association's policy regarding tongue thrust and deviant swallowing patterns should be followed. Unless these patterns accompany articulation problems, tongue thrusters will not be considered for caseload placement.

Speech that reflects a dialectical or bilingual background is not considered deficient. This type of speech exhibits a difference, not a disorder, and should not be recommended for caseload placement.

Students with a poor prognosis may be inappropriate for caseload placement. When the student has reached maximum positive change due to etiological, physical or psychological factors, the student may be dismissed from the active caseload.

Students whose communication problem is affected by parental or teacher concern, peer rejection, etc., may be considered for a higher priority ranking.

**Example II - Muscogee County Schools**

Priority I

Priority ranking is necessary in order to make sure that those students most in need are served first as well as those who can benefit most by special assistance from the speech therapist.

Severe

Definition

1. Student cannot be understood by and/or understand most persons without difficulty.
2. Student cannot use speech and/or language as an effective means of communication.
3. Communicative ability is inadequate when compared with the student's overall ability level.
4. Communication differences are other than dialectal differences.
5. Prognostic variables indicate student should be classified as 'severe.'

Services

Direct contact, intensive therapy (individual or small group), information, counseling and instruction provided for students, parents, teachers, etc., comprehensive assessment, referral for additional services, reassessment.

Priority II

Moderate

Definition

1. Student can be understood by and/or understand most persons.
2. Student has difficulty using verbal expression for effective communication.
3. Communicative ability is slightly inadequate when compared with the student's overall ability level.
4. Communication differences are other than dialectal differences.
5. Prognostic variable indicate student should be classified as 'moderate.'

Services

Direct contact, frequent therapy (individual or small group), information, counseling and instruction provided for students, parents, teachers, etc., comprehensive assessment, referral for additional services, reassessment.

Priority III

Mild

Definition

1. Student can be understood by and/or understand most persons.
2. Student can use speech and language as effective communication avenues.
3. Communicative ability is nearly commensurate with the student's overall ability level.
4. Communication differences are other than dialectal differences.
5. Prognostic variable indicate student should be classified as 'mild.'

Services

Direct or indirect contact, minimum therapy (small group), information, counseling and instruction provided for students, parents, teachers, etc., comprehensive assessment, referral for additional services, reassessment.

**Caseload Selection**

High priority

1. Student has had previous therapy and has a good prognosis.
2. Student has had no previous therapy but has a good prognosis.

Low priority

1. Student has had previous therapy and has a poor prognosis.
2. Student has had no previous therapy but has a poor prognosis.
3. Student has errors which are developmental in nature.

Additional information to consider regarding caseload selection:

**Prognostic Indicators**

In order to determine the likelihood that the child's communication skills will improve with special assistance from the speech therapist, the following variables may be considered:

1. The chronological and mental age of the child
2. The overall intelligibility of the child
3. The type of defect noted
4. Can she or he profit from instruction?
5. Should she or he be referred for medical diagnosis, psychological testing, etc.?
6. Intelligence
7. Stimulability
8. Cultural variables
9. Gross and fine motor skills
10. Oro-facial functioning and structure
11. Dentition
12. General health
13. Auditory memory span
14. Discrimination of pitch, intensity, rhythm and sound
15. Personality and adjustment

16. Multiple communicative problems
17. Academic skills
18. Length of time in therapy
19. Other variables deemed appropriate for the individual child

**Example III - Metro Atlanta Speech-Language Consortium of Consultants and Lead Therapists**

**Severity Rating Scale**
**for**
**Speech-Language Impairments**
Spring 1979

Contributors

Mary George Hay
Jean Owen
Rosemary Moody
Jackie McKerson
Hope Bacon
Trudie Crouse
Brenda Marquis
Pendy Bailey
Sandy Franklin
Susan Fuller
Vickie Edwards
Adelaide Beall
Susan Smith
Virginia Nixon
Dorothy Edwards
Ann Howell
Barbara Eason

The following severity rating scales were developed by the Metro Atlanta Speech-Language Consortium of Consultants/Lead Therapists during the spring of 1979.

The contributors suggest that the following points be given careful consideration before the scales are used.

- The scales should be used as **guidelines** in the determination of the severity of speech-language handicaps.
- Students may not meet **every** criteria in the severity category most appropriate for that student. The scales may not "fit" each student precisely.
- Some revisions/adaptations may need to be made before using the scales in other areas of Georgia.

## Articulation Severity Ratings

| | Mild<br>1 | Mild-Moderate<br>2 | Moderate<br>3 | Moderate-Severe<br>4 | Severe<br>5 |
|---|---|---|---|---|---|
| Misarticulations are evaluated on the accepted developmental sequence for the child's mental age range (intelligibility, type, consistency). | Few errors present which do not affect intelligibility. Errors are predominantly typical substitutions. May be inconsistent | Some errors present which do not effect intelligibility; errors may be substitutions, omissions or distortions. | More numerous articulation errors present; speech generally intelligible | Many articulation errors present; speech intelligible only if the subject is known | Consistently unintelligible speech |
| Distractability to those in student's environment | Not distracting | → | Disorder noticeable but not distracting to majority of listeners | Distracting to the majority of listeners | Distracting to all listeners |
| Verbal output | Quantity of verbal output not effected | → | Quantity of verbal output not effected | Diminished use of verbal communication in specific settings | May rarely initiate verbal communication |

Note: Prognostic factors may include

- severity of the problem
- stimulability
- discrimination ability
- adequacy of the speech mechanism
- mental ability
- motivational factors

## Voice Severity Ratings

| | Mild<br>1 | Mild-Moderate<br>2 | Moderate<br>3 | Moderate-Severe<br>4 | Severe<br>5 |
|---|---|---|---|---|---|
| Vocal Production | Aspects of vocal production display an inconsistent deviation | Aspects of vocal production display a consistent deviation | Aspects of vocal production display a consistent deviation and the intent of the verbal message may be difficult to follow | Inconsistently aphonic or very deviant vocal production. Verbal mode of communication has severely limited use. | Aphonic or little vocal production. Verbal mode of communication cannot be used |
| Distractibility | Not distracting to the listener | Disorder is noticeable but is not distracting to the listener | Distracting to the majority of listeners | → | Distracting to **all** listeners |
| Appropriateness of vocal behavior for chronological/mental age, sex and ability | Appropriate | → | → | Inappropriate | → |

## Fluency Severity Ratings

| | Mild 1 | Mild Moderate 2 | Moderate 3 | Moderate Severe 4 | Severe 5 |
|---|---|---|---|---|---|
| Type of dysfluency and number of dysfluencies | Observable non-fluent speech behavior | i.e., repetitions, prolongations, hesitations | → | → | → |
| Frequency of non-fluency | 2 - 8 per minute | 9 - 24 per minute | → | → | 25 or more per minute |
| Duration | up to 2 seconds | 3 - 4 seconds | 5 seconds | 6 - 9 seconds | 10 seconds or more |
| Struggle behavior | No struggle | Struggle behavior is noticeable but not distracting | Struggle behavior is distracting | Struggle behavior is predominant | All communication is an effort |
| Consistency | Predominantly fluent speech; may break down during stress | Nonfluent speech is consistently observable | → | → | Nonfluent speech is predominant |
| Secondary characteristics | None | Secondary characteristics are observable on an inconsistent basis | → | → | Secondary characteristics are distracting on a consistent basis |
| Awareness and avoidance | May be aware but avoidance behavior is not present | Aware but avoidance behavior is not present | → | Aware but avoidance behavior is present | Extreme awareness to the point of avoiding most speaking situations |

## Language Severity Ratings

| | Mild<br>1 | Mild-Moderate<br>2 | Moderate<br>3 | Moderate-Severe<br>4 | Severe<br>5 |
|---|---|---|---|---|---|
| I. **Skills**<br>A. **Receptive**<br>Vocabulary, problem solving, concept development, classification, auditory processing skills, comprehension of syntax and morphology, comprehension of nonverbal communication<br><br>B. **Expressive**<br>Vocabulary, concepts, syntax, morphology, word retrieval, problem solving, sequencing | Preschool through six years (functioning level) - one year delay in expressive and/or receptive language skills.<br><br>Seven years through 10 years (functioning level) two year delay in expressive and/or receptive language skills. Eleven years through 18 years (functioning level) - two year delay in expressive and/or receptive language skills. | → | Preschool through six years (functioning level) - 1½ year delay in expressive and receptive language skills or two year delay in expressive or receptive language skills. Seven through 10 years (functioning level) - 2½ year delay in expressive and/or receptive language skills<br><br>Eleven years through 18 years (functioning level) three year delay in expressive and/or receptive language skills | → | Preschool through six years (functioning level — two or more years delay in expressive and receptive skills<br>or<br>Three or more years delay in expressive or receptive skills. Seven years through 10 years (functioning level) - three or more years delay in expressive and/or receptive skills. Eleven years through 18 years (functioning level) - four or more years delay in expressive and/or receptive language skills |
| II. Functional Communication (intelligibility of verbal message) | Verbal message is intelligible | → | Verbal message can be understood in context | → | Verbal message is unintelligible |
| III. Quantity of verbal output | Quantity of verbal output is not effected | → | Diminished use of verbal communication in specific settings | → | Non verbal or severely limited use of verbal communication |

Special consideration for rating severity of language disorders:

Some students with physical, mental, and/or emotional limitations may not have the capacity to develop oral language. Alternative modes of communication should be investigated. Prognosis of the students ability to adopt these alternative modes of communication will be a major factor in the determination of severity rating.

### Waiting Lists

Establishing a waiting list is probably the least satisfying responsibility of a speech-language pathologist. Taking a positive view, waiting list pupils are in a more tenable position for receiving services than those who have not been identified. Also, as the waiting list increases in number, so does the justification for acquiring additional personnel and the reinforcement to administrators and teachers of the need for speech and language pathology programs in public schools.

When space is not available, **low priority students** (mildly speech-language handicapped) should be due processed and placed on a waiting list.

### State Regulations and Procedures

From: *Program for Exceptional Children Regulations and Procedures (August, 1978)*

Speech and Language Impaired

### Definition

Speech and language services provide diagnostic (evaluative), therapeutic (habilitative) and consultative services for students handicapped by communication disorders. Communication disorders may be exhibited by one or more of the following: (1) a language disorder characterized in terms of comprehension and/or use of words and their meanings (semantics), grammatical patterns (syntax and morphology) and speech sounds (phonology); (2) a speech disorder maintaining speech rhythm (stuttering) and controlling vocal production (voice); and (3) a speech or language disorder characterized by difficulty in receiving and understanding speech without auditory training, speech reading, speech and language remediation and/or hearing aid.

### Placement and Eligibility

Eligibility for speech and language services shall be determined on the basis of a comprehensive evaluation by a fully certified speech and language therapist. This evaluation consists minimally of assessment of the student's (1) articulation, (2) language, (3) fluency, (4) voice, (5) hearing acuity, and (6) adequacy of the oral mechanism. In children suspected of having a voice disorder, an evaluation by a laryngologist is also necessary in order to determine (1) the status of the vocal mechanism, and (2) the efficacy of speech therapy for correcting the cause of the vocal disorder.

### Continuum of Services

Local school systems shall develop and implement comprehensive speech and language programs, emphasizing a continuum of service levels for all students in need of such services. Specific provision shall be made for the following.

- Direct Service

  This component is designed for students identified as having speech and language disorders. The behavior of concern will be modified in a program of intervention provided by the therapist. Only children receiving direct services are considered active caseload. Caseload will vary according to the nature and severity of the communication handicaps of a student served by the therapist. Levels of severity must be related to the student's overall operative potential.

  Severe

  Student cannot be understood by and/or understand most persons without great difficulty; significantly prevents students from using verbal expression as a communication avenue.

  Caseload: Maximum of 20 (minimum of nine contact hours per school month per student)

  Moderate

  Student can be understood by and/or understand most persons without great difficulty; significantly prevents students from using verbal expression for effective communication.

  Caseload: Maximum of 40 (minimum of five contact hours per school month per child)

Mild

Student can be understood by and/or understand anyone but has some deviation from normal speech and language which calls attention to itself.

Caseload: Maximum of 60 (minimum of three contact hours per school month per child)

NOTE: Number of students indicated as caseload should be interpreted as maximum caseload.

- Indirect Services

  This component serves children identified as having communication deviations such as mild developmental articulation problems, language problems associated with cultural differences, functional voice deviations that are transitory in nature and mild hearing loss requiring minimal rehabilitation. The behavior of concern will be modified in a program of intervention by a person other than the therapist, with the therapist acting as consultant. Services may include in-service with school personnel and demonstration teaching in the classroom. A maximum of 10 hours per school month is recommended for indirect services.

- Observation

  This component is designed for children who are being considered for direct service. The behavior of concern is measured periodically by the therapist to determine if change has occurred without direct service.

- Maintenance

  Children eligible for this component will have previously received direct or indirect service. The behavior of concern will be periodically measured by the therapist to determine its stability.

Measurement is a component through all service levels. The therapist will record measurement data at regular intervals to be determined by the local system.

**Delivery Models**

While speech and language services will generally be provided on an itinerant or resource basis, provision shall be made for alternative delivery models as dictated by locally identified needs.

**Determining Maximum Recommended Caseload**

The determination of maximum recommended caseload and the implementation of state regulations and procedures can be difficult for those SLPs with a variety of students on their caseload (e.g., some mild, some moderate and some severe students). After a speech-language pathology program has developed written severity rating criteria, the following points system may be helpful in determining maximum recommended caseload.

SUGGESTED POINTS SYSTEM FOR DETERMINING RECOMMENDED CASELOAD*

**Total Caseload - 60 points**

Severely impaired student = 3 points
Moderately impaired student = 2 points
Mildly impaired student = 1 point

Step 1 Enroll severely impaired students first. Multiply total number of severely impaired by three points per student. Subtract this total from 60. (e.g., 4 severely impaired x 3 points - 12 points, 60 points - 12 points = 48 points remaining).

Step 2 Enroll moderately impaired students if points remain from Step 1. Multiply number of moderately impaired by two points per student. Subtract this total from total obtained in Step 1. (e.g., 10 moderately impaired x 2 = 20 points, 48 points from Step 1 - 20 points = 28 points remaining)

Step 3 Enroll mildly impaired students if points remain from Step 2. Multiply number of mildly impaired student by 1 point per student. Enroll as many mildly impaired students as the number of points left after completing Step 2 (e.g., 28 points left from Step 2, so 28 mildly impaired students may be enrolled)

Total caseload for this example = 4 Severe
10 Moderate
28 Mild
42 Students

**Example 2**

Enroll 2 severely impaired students —
2 students x 3 points = 6 points
60 points x 6 points = 54 points

Enroll 4 moderately impaired students —
4 students x 2 points = 8 points
54 points - 8 points = 46 points

Enroll 46 mildly impaired students —
46 points x 1 point = 46 points
46 points - 46 points = 0 points remaining

52 students - maximum recommended caseload for this example

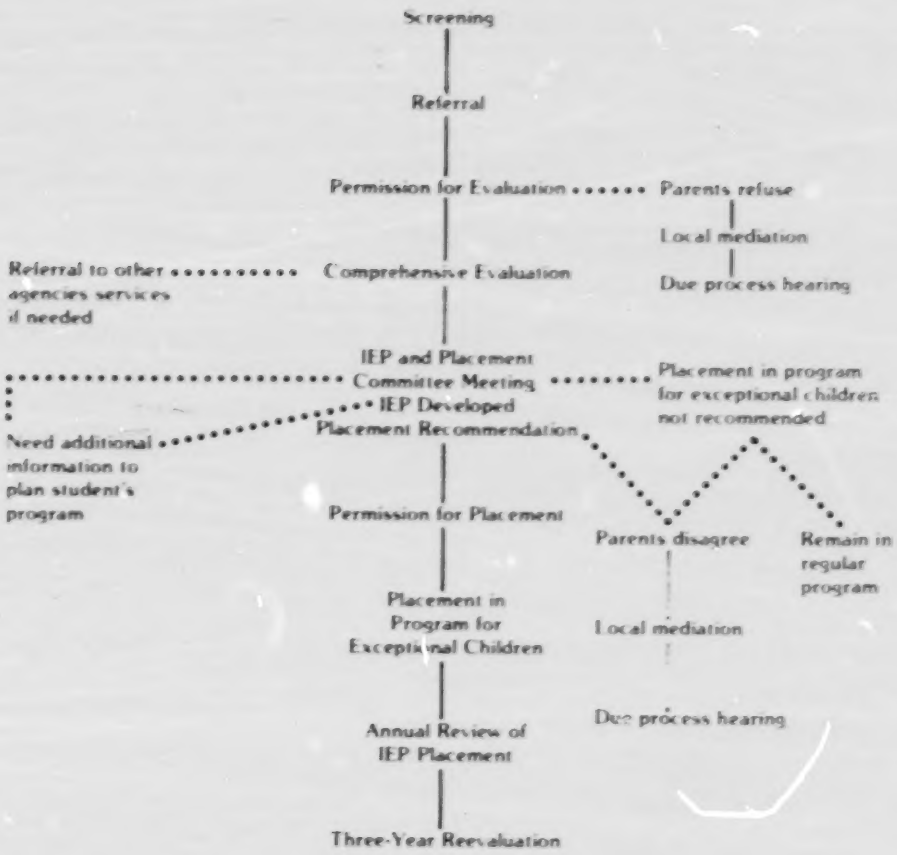
*Note: This points system may be used for determining maximum recommended caseload within a school system. Points may **never** be reported on state or federal reports. Actual counts of students served should be reported on state and federal reports.

# Chapter III
# Due Process

**Introduction**

Parents' and children's rights under P.L. 94-142 are protected through a procedural due process structure. The child, the parents and the schools are involved in the specifics of due process.

The following is a chart of due process procedures.



## Screening

The purpose of screening is to identify, as early as possible, students who may need speech-language pathology services. No pupil should be selected for services on the basis of screening results. Screening aids the selection of students in need of further evaluation.

Some considerations for speech-language screening are as follows.

- Screening programs should be designed to meet the needs of the local education agency. Some school systems may need massive screening programs, others may need little or no screening program.
- After receiving appropriate training, qualified personnel should conduct or supervise screening programs. Supportive personnel may conduct screening under the supervision of a qualified speech-language pathologist.
- The tasks, items, or tests used in screening should provide for a sampling of articulation, language, voice, and fluency, and should be selected to ensure their appropriateness for the population screened. Pertinent factors to consider are age levels, socioeconomic status, cultural and primary language background of pupils, and ease of administration.
- Screening criteria should be uniformly applied by all examiners.
- Screening can be categorized on the basis of target populations and the procedure to be used.
- Screening may be conducted through direct contact with students or through observations (i.e., classroom observation during reading groups).
- Parental permission must be obtained for **selective** screening of referred students.
- Screening procedures should be modified if experience suggests that their reliability or validity is questionable.
- Further evaluation should be arranged according to due process for those students who exhibit potential speech-language problems.

Considerations for hearing screening are as follows.

- An audiologist should be used in designing hearing screening programs and the screening should be conducted or supervised by a qualified audiologist or speech pathologist with appropriate training. Supportive personnel (after receiving appropriate training) may administer screening tests under supervision of a qualified professional.
- Screening of all pupils at regular intervals should be provided using at least limited frequency audiometric testing with individuals or groups. Individual tests are recommended for use with prekindergarten through third-grade pupils unless reliable group procedures are available. Individual or group tests may be used with pupils above the third-grade level.
- Screening audiometers should be calibrated to American National Standards Institute (ANSI) specifications initially and recalibrated regularly (at least annually). Daily listening checks should be performed to determine that audiometers are grossly in calibration and that no defects exist in major components.
- The ambient noise level in any space used for audiometric screening should not exceed 51 dB.
- Screening procedures should be administered uniformly by all testers, with specified test frequencies, screening level and criterion for failure. Minimal procedures include screening at 25 db HTL at 500 Hz, 1000 Hz, 2000 Hz and 4000 Hz. If this limited procedure is used, failure to hear at the screening level for any one frequency is criterion for failure.
- Rescreening of failures may be provided immediately or within one or two weeks of the initial testing. Rescreening should be done under the direct supervision of a qualified professional.
- The above procedures represent a minimally acceptable hearing screening program. An excellent screening program would include impedance audiometry. The inclusion of impedance audiometry increases the likelihood that students with otitis media will be identified.
- Comprehensive audiological examination should be arranged for those students who exhibit potential hearing loss.

**Referral**

Referral is the process whereby parents or guardians, the pupils themselves, school personnel, appropriate public agencies or other professionals may request assessment of a student's abilities.

It is recommended that each speech and language pathologist present an in-service program for school personnel to acquaint them with recognition and referral of speech and language problems. If recognition and referral procedures remain the same each year, in-service programs may be scheduled for new personnel only. Referrals should be obtained and processed as early in the year as possible. An on-going process for case referral follow-up should be established and include statements reflecting time lines, individuals involved and disposition of referral. After obtaining parent permission, referrals are typically followed by speech-language screening to determine if a comprehensive evaluation is necessary.

Sample referral forms are included in Appendix A.

It may be determined appropriate, at this time, to refer the child for extensive diagnostic evaluation. Georgia receives funding for evaluating children with severe or multiple handicaps through the Georgia Learning Resources System in cooperation with other southeastern states. Local education agencies may apply through GLRS for financial aid to secure professional diagnostic/prescriptive services for the handicapped. An approved application can result in payment of (1) the costs of diagnosis, (2) necessary expenses incurred by parents, guardians, sponsors or agencies in providing the diagnostic opportunity, and (3) the follow-up consultative aid to implement a program of learning experiences tailored to the child's special needs. To refer a child, contact any of the GLRS Centers or the Program for Exceptional Children of the Georgia Department of Education. GLRS staff can provide the appropriate forms and any assistance needed in making application.

**Comprehensive Evaluation**

- Initial Evaluation

  All children who are considered for special education services shall be screened for possible hearing and vision difficulties prior to educational or psychological evaluations. A speech-language evaluation is considered an educational evaluation.

  Before any action is taken with respect to the initial placement of a handicapped child in a special education program a full and individual evaluation must be conducted in accordance with the following: the local education agency (LEA) must use appropriate evaluation procedures including trained evaluation personnel, use of multidisciplinary teams, use of validated and nondiscriminatory assessment, use of the language or other mode of communication commonly used or understood by the child, and use of more than one procedure or instrument. (See "Suggested Outline for Comprehensive Speech-Language Evaluation" in Appendix H.)

  Standardized test instruments or published normative data in speech-language pathology should be used in the assessment of students suspected of having a disability in language, articulation, fluency or voice.

  Medical and psychological examinations shall be requested by the speech-language pathologist when necessary for the assessment of a suspected disability in language, articulation, fluency or voice. In children suspected of having a voice disorder, an evaluation by a laryngologist is necessary.

- Signed Parental Consent

  The local school system must have signed, informed parental consent on file before any child is singled out for any evaluation other than routine operations happening to all children at some point in their school year (e.g., mass vision, dental, hearing and speech screening unless parent has previously filed a form of protest).

- Reevaluation

  All children enrolled in special education programs must be comprehensively reevaluated educationally or psychologically no later than three years after the last previous evaluation. The reevaluation may take place within the three-year period upon the request of any person having the authority to make an initial referral, with the approval of the placement committee.

**Individualized Education Program (IEP)**

An IEP is developed for each handicapped child who is receiving or will receive special education. This requirement applies to all public agencies. The total IEP, including long- and short-term objectives, is developed prior to placement in a special education program.

The IEP shall be developed in an individualized planning conference initiated and conducted by the responsible agency.

A student should have **one** IEP, even if enrolled in two or more special education programs.

The IEP is an educational and related services plan and not a binding contract for which the agency is responsible if the child does not achieve the growth projected in the goals and objectives. However, the local education agency must provide those services that are listed in a child's IEP.

- Participants in Individualized Planning Conferences

  The meeting will include the following participants:

  - A representative of the agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education. This does not exclude other qualified special education instructors.
  - The child's teacher or teachers, special or regular or both, who have a direct responsibility for implementing the IEP.
  - The responsible agency must make every effort to insure that each individualized planning conference includes:

    one or both of the parents,
    the child, when appropriate,
    other individuals at the discretion of the parent or agency.
  - For a handicapped child who has been evaluated for the first time, the responsible agency must insure that a member of the evaluation team or someone who is knowledgeable about the evaluation procedure used and familiar with the evaluation results participates in the meeting.

  Appendix G "Preparing for Monitoring: A Checklist for Speech-Language Pathology Programs" contains a chart outlining persons who may fill the above roles.

- Parent Participation

  - Each responsible agency must make every effort to insure that the parents of the handicapped child are present at the individualized planning conference or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed upon time and place and notifying the parents of the meeting early enough to insure that they will have an opportunity to attend. Notification to parents must indicate the purpose, time and location of the meeting and who will be in attendance. All communications to parents shall be in both English and the primary language of the home, if such primary language is other than English.
  - A meeting may be conducted without a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency shall record its attempts to involve the parent(s). The attempts may include a written waiver of his or her rights to participate, **in accordance with due process procedures**, telephone calls, correspondence and home visits.
  - Upon request, parents must be given a copy of the IEP.
  - Upon the request of the parents, a formal due process hearing shall occur in conformance with procedures outlined in Georgia Special Education State Program Plan.

- Content of IEP

  - A statement of the child's present levels of educational performance
  - A statement of annual goals including short-term instructional objectives
  - A statement of the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in regular educational programs

- The projected dates for initiation of services and the anticipated duration of the services
- Appropriate objective criteria, evaluation procedures and schedules for determining on at least an annual basis, whether the short-term instructional objectives are being achieved.

**Placement**

- Initial Placement

  No student shall be placed in a special education program until that student is the subject of a meeting of the Special Education Placement Committee which shall review all pertinent information and determine the appropriate program for that child.

  The determination to place any child into a special education program shall not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee.

  Placement committee meeting minutes must be kept.

- Signed Parental Consent

  All children who are evaluated for possible special education services shall be subject to review by the placement committee. All children who are recommended by the placement committee to be placed in a special education program shall have signed, informed parental consent on file within the school system before placement can occur.

- Special Education Placement Committee - Reevaluation

  Upon the request of any person having the original authority to make initial referral, but no later than three years after the last placement decision, all children who are enrolled in special education programs shall be the subject of a meeting of the Special Education Placement Committee which will review all pertinent information and determine the appropriate program for such children based upon the new information. Any time a change in the educational placement is contemplated, the pertinent information must be reviewed and change approved by the placement committee and the child's parents.

**Confidentiality**

LEAs maintain records and reports on handicapped children. These records and reports contain confidential data. Each LEA must provide instruction to persons collecting or using personally identifiable data. This instruction informs LEA personnel of policies and procedures for the use of confidential data.

**Exit Criteria**

Students will be dismissed from the speech-language pathology program according to due process. Dismissal from a speech-language program constitutes a change in educational placement. Any time a change in educational placement is proposed, all pertinent information must be reviewed and the change approved by the Special Education Placement Committee.

*Sample Exit Criteria*

Example 1. Adapted from Muscogee County Schools

Students will be dismissed from the speech-language pathology program when

the child has moved out of the school system.

consultation with medical specialists and/or other professionals indicates that therapy should be terminated.

the student has demonstrated a level of performance specified by the IEP.

the child has demonstrated maximum progress.

Performance level is comparable to mental ability.

Dental abnormalities and/or other structural deviations make further therapy inadvisable.

Student progress is so minimal that continued removal of the student from the classroom and/or other special programs can no longer be justified.

the special education committee recommends that the student be dismissed from the program for other specified reasons.

Example 2. Gwinnett County Schools

Students may be dismissed from the program

when the child is effectively communicating as determined by the placement committee.

when the maximum amount of positive change has been reached by the student as determined by the placement committee.

when the student moves from Gwinnett County.

For further information on due process or other procedural safeguards in effect in Georgia, refer to *Program for Exceptional Children Regulations and Procedures, Georgia Department of Education*, and *Georgia Special Education State Program Plan*. Copies of these documents are available in the office of local school superintendent, director of special education or the local Georgia Learning Resources System.

Additionally, information on local system procedures is contained in the local system's Special Education Comprehensive Plan which is also available from the local school superintendent and/or special education director.

# Chapter IV
# Program Organization

**Program Philosophy, Goals and Objectives**

The philosophy of the speech-language pathology program is based on the theory that communication is one of the basic human needs. Only physical and mental well-being surpass the importance of the ability to use communication efficiently and effectively.

Students are accepted as individuals and the therapeutic process is designed to meet individual needs. The role of the speech-language pathologist is to teach the student how to communicate in a way that is understandable and functional for that student's purpose.

- Program Objectives

  Each public school-language pathology program should develop well-defined, written, program objectives. These objectives should be known to the school administrator(s), the professional personnel providing services, other programs or departments within the school system, cooperating agencies outside the school system, parents of students with speech and language needs and the community at large.

  The following guidelines are suggested for developing individual program objectives.

  The objectives should provide for the varying communication needs and skills of individual students.

  The objectives should reflect comprehensive planning and should be consistent with and appropriately represent the qualifications of staff, space and fiscal resources, and should reflect the program's growth potential.

Example (from Rockdale County Schools)

To provide for a CONTINUUM of comprehensive instructional services including prevention and intervention.

To identify communication disorders as early as possible through screening and comprehensive diagnostic EVALUATION.

To provide adequate services for REMEDIATION as long as positive changes are occurring.

To use data and reporting systems to FACILITATE program planning, management and evaluation.

To provide a suitable ENVIRONMENT with appropriate EQUIPMENT and MATERIALS to facilitate learning.

To implement patterns of SUPERVISION ensuring consistent quality services.

To adhere to state laws, the policies of the Rockdale County School System and the highest PROFESSIONAL STANDARDS.

**Program Delivery Models**

- Continuum of Services

  School districts shall assume responsibility for serving each pupil with speech and language needs by providing a continuum of comprehensive clinical services or by contracting for such services (i.e., neighboring school systems, community agencies, etc.)

  Program service and scheduling models should be designed to meet the special communication needs of each pupil.

  Local school systems shall develop and implement comprehensive speech and language programs, emphasizing a continuum of service levels for all students in need of such services.

  The following descriptions outline program service and scheduling models designed to provide a continuum of speech-language services (ordered from least to most restrictive environment).

  - *The consultant model.* In this model, the speech-language pathologist provides information for the regular or special classroom teacher or aide when pupils in the class require some modification in the program. Some therapy carry-over procedures are implemented through this model. The speech-language pathologist is responsible for teacher and paraprofessional in-service education programs.

- *Parent/infant instruction services.* In this model, parents are provided with guidance and instruction for assisting infants and preschoolers to develop appropriate communicative behaviors and skills. The guidance and instruction provided by speech-language pathologists may be given in schools, centers, homes or other approved facilities as appropriate. It is considered most applicable for pupils who, because of organic or other symptoms, are determined to be at high risk for developing necessary learning and communicative skills.

- *Regular classroom placement with supportive services.* This model offers supportive services provided by speech and language pathologists. Direct or indirect services may be offered in the following ways.

  Itinerant basis — the speech-language pathologist provides continuous, on-going services to pupils in more than one school or center. Scheduling options for this type of service include intermittent sessions on a regular basis or intensive cycling, which provides daily service in a particular school or center for a specified block of time.

  Single-building basis — the speech-language pathologist is assigned full-time to one building or center. Services may be provided by either intermittent or intensive scheduling. Many school districts assign at least one speech-language pathologist to a single building on a full-time basis to permit implementation of the full continuum of services, expedite appropriate scheduling, improve communication with teachers and other school staff and expand parent counseling and instruction.

- *The resource room.* This model provides a part-time class (up to one-half of school-day) where speech-language pathologists provide daily instruction for individual students or groups with severe language and speech disorders and requiring intensive services. The students will continue to be enrolled in regular or special classes.

- *Diagnostic center placement.* This model may be used to provide services through diagnostic assessments and appropriate educational plans for students enrolled on a short-term basis. Services are given by speech-language pathologists in a multidisciplinary team approach. Such centers may operate on either a local, cooperative or regional basis.

- *The self-contained class.* This model is most useful for young students with severe communicative disorders which prevent successful enrollment in regular or other special classes. The educational program emphasizes the development of receptive and expressive language competencies necessary for academic, social and emotional growth. A complete instructional day with an objective of at least minimal integration (that is, lunch, PE and playground) is provided by the language and speech staff. Full or part-time communication aides are essential.

- *Hospital or homebound.* In this model, a speech-language pathologist works with pupils who have communicative disorders but are unable to attend school because of confinement to their homes or to a hospital.

- *Residential program placement.* This model should be considered primarily for pupils with severe communicative disorders, and consists of arranging intra- or interstate agreements with appropriate agencies, state schools or private schools to accept students when other local or in-state alternatives are not able to meet unique needs of individual students.

See the following chart outlining a continuum of language, speech and hearing services.

A service delivery model available in many comprehensive high schools in the Related Vocational Instructional (RVI) Program. The RVI teacher acts as a liaison person to help the handicapped student function within the regular vocational education program. The recommended caseload is limited to 22 students.

## The continuum of language, speech and hearing services for children and youth.

### CONTINUUM COMPONENTS

| | COMMUNICATIVE DISORDERS | DEVIATIONS | DEVELOPMENT |
|---|---|---|---|
| POPULATION SERVED | Pupils with severe language, voice, fluency, articulation, or hearing disorders | Pupils with mild to moderate developmental or nonmaturational deviations in language, voice, fluency, or articulation, and those with mild hearing loss requiring minimal oral rehabilitation procedures | All pupils in regular or special education classes |
| PROGRAM GOALS | 1. Provide direct, intensive, and individualized clinical-educational services, to effect positive changes in the communication behavior of pupils with handicapping disorders | Provide direct and/or indirect clinical-educational services to stimulate and/or improve pupils' communication skills and competencies | Provide prevention-oriented, sequenced curricular activities to help pupils develop communicative behaviors in appropriate social, educational, and cultural contexts |
| | 2. Provide information and assistance to other participants → | → | → |
| SERVICES PROVIDED BY LANGUAGE, SPEECH, OR HEARING SPECIALISTS | 1. Identification → | → | → |
| | 2. Comprehensive assessment (diagnostic evaluation) | Assessment and evaluation of communicative skills → | → |
| | 3. Referral (for additional services) → | → | → |
| | 4. Parent counseling and instruction → | → | → |
| | 5. Pupil counseling and placement → | → | → |
| | 6. Teacher counseling and inservice orientation/instruction → | → | → |
| | 7. Direct clinical-educational management | Direct or indirect clinical-educational management | Demonstration Lessons |
| | 8. Program evaluation → | → | → |
| | 9. Pupil reassessment → | | Consultation (for individual pupils or groups) |
| | 10. Dismissal and follow-up → | | |
| | 11. Research → | → | → |
| PROGRAM TYPES AND ALTERNATIVES | 1. Diagnostic center placement | | |
| | 2. Special class placement | | |
| | 3. Regular classroom placement with: a. Itinerant services b. Resource room services (emphasis on individual and small group) | Regular classroom placement with: a. Itinerant services b. Resource room services (emphasis on group services) | Regular classroom placement with supportive services from other participants |
| | 4. Home or hospital services → | → | → |
| | 5. Parent and infant instruction → | → | → |
| | 6. Residential placement | | |
| | (Transportation, purchased services—may be required to facilitate provision of a service continuum.) | | |
| OTHER PARTICIPANTS (most common) | Parents, teachers, administrators, aides, counselors, psychologists, physicians, psychiatrists, social workers, nurses, occupational therapists, physical therapists, and dentists | Parents, teachers, administrators, aides, counselors, psychologists, physicians, psychiatrists, social workers, nurses, and dentists | Parents, teachers, administrators, aides, counselors, and curriculum specialists |

*From: Healy, W. C., *Standards and Guidelines for Comprehensive Language, Speech, and Hearing Programs in the Schools*. Washington, D.C.: American Speech and Hearing Association (1973-1974).

- Scheduling Recommendations
  - Guidelines

After initial screening and comprehensive evaluations are completed, it becomes necessary to systematically plan which students should become a part of the active caseload in each speech-language pathology program. A time schedule should be developed and approved by each building administrator involved so that scheduling conforms with the operational procedure of the facility. Speech-language pathologists, therefore, must develop schedules which consider factors other than just the number of problems and extent of student difficulties which have been identified. The following additional factors should be considered when schedules are developed.

General school schedule (recesses, lunchtime, regular extracurricular functions, bus schedules, starting and closing time of the building and other special activities)

Facility scheduling (do other specialists use the therapy room and when)

General school calendar (vacation schedules, teacher work days)

The speech-language pathologist should also develop (in cooperation with pertinent personnel) a specific schedule of activities which can be made available to teachers and administrators. This schedule might include the following.

Therapy days for each school

Name of each student enrolled for therapy, as well as grade, room and teacher

Coordination time (records, reports, observations, evaluations, conferences, etc.)

Exact time of therapy for each student

Name, telephone number and address where the SLP can be located

Speech-language pathologists may wish to develop either one master schedule incorporating all of the above factors or establish two distinct types of schedules (1) a permanent one showing the dates and times the SLP will be in each center; and (2) a schedule for a specific building indicating each student enrolled, grade, room, name of teacher and exact time of therapy. In the latter case, the SLP can easily revise each speech-language therapy schedule as needed.

On the basis of needs, **coordination time** should be scheduled to allow speech-language therapy staff to perform professional responsibilities other than those regularly scheduled: parent conferences, counseling, intensive therapy, attendance at in-service and professional development activities; interdisciplinary staffings and consultations with medical and other professional support personnel; screening and assessing pupils referred after the initial identification program has ended; classroom observation of pupils; and communicating and consulting with teachers.

A minimum of **one-half day per week** is recommended.

- Scheduling Models

The scheduling models most frequently used in Georgia's public schools are

INTERMITTENT

Pupils are scheduled (individually or in groups) two or more times a week for the entire school-year or until the goals of the IEP are met. This is the most popular scheduling model in the public schools.

*Example:* Pupils scheduled twice a week for 25 minutes.

INTENSIVE CONTINUOUS

Pupils are scheduled four times per week until the goals of the individualized education program are accomplished.

*Example:* Pupils are scheduled four times a week for 25 minutes for individual (or group) sessions until IEP goals are accomplished.

FLEXIBLE

Pupils are scheduled using a variety of scheduling procedures.

*Example:* The pupil is scheduled four days a week for two individual 15-minute sessions per day for four weeks; then four times per week for 30 minutes in a group session of three pupils.

The following factors should be considered in determining which scheduling model might be used in a particular program.

Federal, state and local laws, rules and guidelines regulating program implementation
Prognostic indicators
Number of assigned schools
Distance between schools
Opportunity to see "half-day" children
Availability of room and time in a given school
Grade level of assigned schools
Coordination time
Public relations
Delivery model previously used in the school

Note: Research concerning the above can be found in Van Hattum, R. J., *Clinical Speech in the School*, Springfield, Ill. Charles C. Thomas (1976).

Being realistic, the final system of scheduling selected by the speech-language pathologist usually represents a compromise between the program which best meets the needs of most of the children and the one that the school environment, administration and teaching personnel desire and can accommodate.

- Group Therapy

Many speech-language pathologists use a combination of group and individual therapy. The following ideas may be used in organizing group therapy.

The size of the group should remain small to encourage maximum opportunities to respond.

Age ranges in a group usually should not span more than two years. If the age range is too great, the older children may dominate the group.

Factors such as vocabulary, physical size, maturity, motivational levels, behavior and personality should be given secondary consideration.

Usually those with mild to moderate speech-language problems are included in group therapy.

- Individual Therapy

Usually the pupils with the most severe speech-language disorders should be selected for individual therapy. In selecting pupils for individual therapy, the severity of the defect and the prognostic indicators should be the most important criteria. In addition, individual therapy should be provided to children who are highly distractable or who would disrupt group dynamics and impede progress of other students.

In special instances, some children may benefit from a combination of group and individual therapy.

**Personnel**

- Guidelines

Professional, certified personnel and support personnel (assistants, aides and paraprofessionals) may be used to provide speech-language pathology services.

All speech-language pathologists must be fully certified to provide services in public school programs.

All applicants should be carefully evaluated so that only the best candidates may be considered for employment. Any candidate with an obvious communication difficulty should not be employed for direct therapy contact with the students.

A sufficient number of staff members should be employed and used to insure that quality services can be provided efficiently for all system pupils in compliance with full, appropriate service requirements as stated in P.L. 94-142. In considering the number of speech-language pathologists to be employed, the following ratios should be considered.

| | |
|---|---|
| 1 SLP: 1000 school population | Most effective service |
| 1 SLP: 1500 school population | Adequate service |
| 1 SLP: 2000 school population | Minimum service |

A BEH study (1972) estimated a prevalence of 3.5% for speech disorders.

When a significantly high number of students with other handicapping conditions (i.e., TMR, LD, hearing impaired) are included in the population to be served, the suggested ratios will need some modification.

The following incidence figures will assist in the prediction of the number of students with other handicapping conditions that will need speech-language therapy.

3.5% of ADM (average daily membership) minus 9.5% of ADM population = **speech-language disorder** as primary handicap.

25% of **EMR** students require direct clinical assistance

40% of **TMR** students require direct clinical assistance

25% of **SLD** students require direct clinical assistance

100% of **deaf** population require direct clinical assistance

12% of **socially maladjusted** students require direct clinical assistance

12% of **blind** and **partially sighted** require direct clinical assistance

40% of **physically handicapped** require direct clinical assistance

60% of **hard of hearing** require direct clinical assistance

3.5% of **homebound and hospitalized** require direct clinical assistance

.09% of population have **language disorders** and require full-time (school-day) involvement by SLP's

These incidence figures are from *A Resource Manual for the Development and Evaluation of Special Programs for Exceptional Students: Volume II-C* which was developed by the Florida Department of Education in 1976.

The determination of speech-language pathology staff need is subject to many variables that should be studied, including

The types of program and scheduling models available

Additional program responsibilities of staff (teacher consultation, parent services, record-keeping, diagnostic staffing, screening, etc.)

The number of pupils needing help

The extent of geographic area to be served

Socioeconomic nature of the community

Availability of communication aides

Administrative, supervisory and clerical support

Patterns of supervision and coordination in speech-language pathology programs should be implemented to ensure quality control and consistent presentation of services. The supervisor/coordinator should have designated responsibilities in the following areas.

Implementation and continuum of program services

Personnel

Facilities, equipment, materials

Staff development

It is recommended that each school system provide program supervision/coordination by an individual(s) holding a Master's degree in speech and language pathology or its equivalent, according to the following guidelines.

In a program where fewer than 20 staff members are employed, an appropriately qualified staff member with a minimum of three years of experience should be assigned supervision and/or coordination responsibilities on at least a part-time basis.

In a program where 20 or more staff members are employed, a full-time supervisor/coordinator with a minimum of three years experience should be employed

In a program where 40 or more staff members are employed, one staff member should be assigned administrative duties and supervisors should be employed for at least every 20 SLPs.

- Certification

All SLPs in Georgia public schools must hold a valid teaching certificate. The Georgia Department of Education, Teacher Certification Services, offers three types of teaching certificates for SLPs.

| | |
|---|---|
| SLP-4<br>(valid grades K-12) | Bachelor's level certificate. After September 1, 1980, new SLP-4 certificates will be nonrenewable certificates valid for three years. |
| SLP-5<br>(valid grades K-12) | Master's level certificate. |
| SLP-6<br>(valid grades K-12) | Educational specialist certificate |

The specific requirements for these certificates are available in Appendix F. Information on renewal of certificates is also included in Appendix F

You may contact Teacher Certification at

Teacher Certification Services
Georgia Department of Education
State Office Building
Atlanta, Ga. 30334
(404) 656-2406

- Communication Aide Programs

Trained supportive personnel have not been utilized to any great extent in the field of speech-language pathology for a variety of reasons. Today, we are realizing that the use of trained, supportive personnel may enhance programming for individuals with speech-language disorders. Several factors have encouraged the growth of communication aide program.

Cost effectiveness of aide programs

Critical shortage of trained speech-language pathologists, particularly in rural areas

The following guidelines offer some assistance in the development of a communication aide program.

*Definition of "Communication Aide"*

A communication aide is an individual who relates in role and function to the speech-language pathologist (SLP) and performs a portion of the SLP's duties under the supervision of the SLP. The communication aide is viewed as an adjunct to the SLP in the provision of services. The primary responsibility for the planning, management and evaluation of the speech-language pathology program will remain with the SLP.

*Recommended Qualification for Communication Aide Position*

18 or older
At least a high school diploma
Desire to work with children
Have access to transportation
Meet all requirements of the individual school district
Be a good speech model
Hold a valid license for auxillary personnel issued by Teacher Certification Services, Georgia Department of Education

*Duties and Responsibilities of the Communication Aide*

The communication aide **may**

assist the SLP with mass speech-language screening using standardized instruments and procedures.
produce/reproduce therapy activities and materials.
assist the SLP in clerical and recordkeeping tasks.
work with small groups of students and/or individual students under the direction and supervision of a certificated SLP.

The communication aide **should not**

be solely responsible for a speech-language pathology program.
select/administer diagnostic instruments or interpret the results from these tests.
prescribe or program speech-language therapy activities and materials for students without the supervision and guidance of the SLP.
be responsible for preparing lesson plans and initiating original concept therapy approaches.
be assigned to work with one or more difficult students the majority of the school-day for the convenience of the SLP or other teachers. Assignments should be made on the basis of student needs.
be assigned to work with students having speech-language handicaps which are beyond the aide's scope of training and experience.
be used as a substitute teacher.

*Duties and Responsibilities of the SLP as a Supervisor of a Communication Aide*

**Major Duties** ((a) The communication aide supervisor is responsible for **all** communication with teachers, parents and administrators. (b) The supervisor shall provide each student on the caseload with **direct** instruction at least once per month.
Provide the aide with a sense of need, purpose and competency
Provide the aide with an organized, structured and supervised work environment
Provide the aide with an outline of duties, tasks, exercises and regulations (including clear instructions on how to perform stipulated duties and dates for their completion)
Teach the aide methods and procedures needed to perform tasks
Provide the aide with prescriptive staff development experiences, i.e., reading material, videotapes, in-service
Give the aide specific direct verbal and written feedback regarding job strengths and weaknesses.

*Recommended Qualifications for Communication Aide Supervisor*

SLP-5 Teaching Certification
Two or more years of paid experience as a speech-language pathologist
Expressed interest in supervision
Supervisory training

*Administrative Procedures*

Ratio of communication aides to SLPs

There should be no more than one communication aide assigned to each certified speech-language pathologist.

Caseload

The combined caseload of a speech-language pathologist and a communication aide should not exceed 75 students. The caseload will often be less than this when severely impaired students are served in the speech-language pathology program. The SLP may report students served by the communication aide on the Special Education Monthly Report if the SLP provides each of those students with **direct** instruction at least once per month.

Supervision of students

Communication aides may work with students in the speech-language therapy room, classroom or other specified area on the school campus. Although the SLP will probably not work in the same room as the communication aide, the SLP should be on campus and remains the person responsible for the students. Should the SLP need to travel to another school campus, the principal should appoint a certified teacher to be temporarily responsible for the students and the aide while they are on that school campus.

*Preparation and Licensure of Communication Aides*

The Teacher Certification Office, Georgia Department of Education, is responsible for licensing of instructional aides. Each communication aide must hold an instructional aide license.

Each LEA employing communication aides must provide or contract with an agency to provide appropriate orientation and in-service training for communication aides. The following are recommendations for a communication aide training program.

Fifty clock-hours of training should be provided.
Program content should be based on job analysis.
Program should be competency based.
The program should specify how the competencies are to be assessed in the training program and in the speech-language therapy setting.
The program should be organized, administered and staffed with speech-language pathologists who have the appropriate educational preparation and experience.

*Supervision and Evaluation of the Communication Aide*

Communication aides should be directly supervised and evaluated by the SLP to whom they are assigned. The SLP should spend a **minimum of two hours per week** directly supervising and/or consulting with the aide (however, more supervisory time may be needed). During the supervisory/consultative time, the SLP should

review aide's student records and discuss each student's progress.
plan student lessons for the following week and discuss these with the aide.
observe aide working with students and provide constructive feedback.
provide demonstration therapy sessions for the aide to observe.
plan staff development experiences for the aide.
outline tasks that the aide will be expected to complete the following week.

Overall supervisory and evaluative responsibility rest with the principal and/or special education administrator.

For more assistance in the development of a communication aide program, contact

Consultant, Speech and Language Impaired Programs for Exceptional Children
Georgia Department of Education
State Office Building
Atlanta, Ga. 30334
(404) 656-6317

- Recruitment

There is a shortage of speech-language pathologists in Georgia, particularly in areas outside of metropolitan Atlanta. School systems have experienced difficulties in employing qualified SLPs.

The following are suggestions which may assist special education directors/coordinators in locating and employing speech-language pathologists.

Contact national and state organizations.

American Speech and Hearing Association
Employment Service
10801 Rockville Pike
Rockville, Md. 20852

Available positions may be advertised in the *ASHA Journal*. All ads, cancellations and corrections must be received by the first of the month preceding the month of publication (April 1st for May issue). Classified listings are accepted in writing only. Write to ASHA to request a classified notice form.

Georgia Speech and Hearing Association
Placement Bureau
P. O. Box 42318
Atlanta, Ga. 30311

Include information about

size and location of school system,
short job description,
qualifications,
salary range.

Contact colleges and universities with speech-language pathology training programs (contact Consultant, Speech-Language Impaired, Georgia Department of Education, for a list of these colleges and universities).

Encourage regular educators to return to school and obtain SLP certification. Investigate scholarship and loan opportunities for interested teachers.

Offer incentives such as opportunities to attend workshops and conventions, good equipment/materials budget, salary supplement, etc.

Notify Georgia Department of Education of the vacancy by contacting Consultant, Speech and Language Impaired, Georgia Department of Education, Program for Exceptional Children, State Office Building, Atlanta, Georgia 30334, (404) 656-6317.

Attend the American Speech and Hearing Association's convention in November to interview potential candidates in ASHA's Placement Office.

**In-service**

Systematic and continuing in-service programs should be budgeted, implemented and based on an analysis of total program staff needs as well as needs of individual staff members.

Release time should be provided to the SLPs to attend appropriate in-service programs. A comprehensive in-service program should have these components:

Programs specific to speech/language pathology
Programs for other regular and special educators
Programs of professional development not specific to speech/language pathology

Continuing education opportunities are provided through local staff development programs, GLRS centers and state, regional and national conferences.

Consideration should be given to organizing continuing education programs offering staff development credit. Staff development credit may be used for renewal of teaching certificates. For more information, contact the school system staff development coordinator or the Office of Teacher Certification, Georgia Department of Education.

**Facilities**

Appropriate facilities are necessary for all instructional programs regardless of their nature. The size, location and furnishing of a room used by a speech-language pathology program will depend on the age level, functioning and other handicaps of the students served, as well as the program delivery model being used.

For maximum implementation of effective speech-language pathology programs, the following guidelines should be used in selecting facilities.

The **space allotted** should be properly ventilated, heated or cooled and lighting must be adequate throughout with several electrical outlets. Janitorial services should be provided to assure cleanliness.

Rooms provided for itinerant and permanently-assigned staff should be **regularly available** for their use, of adequate size, with sufficient and appropriate work space, seating space and furnishings.

Adequate **storage space** should be provided for program materials, equipment and records. Locked file cabinets are recommended.

**Physical mobility** of pupils should be considered in providing an environment that is architecturally barrier-free.

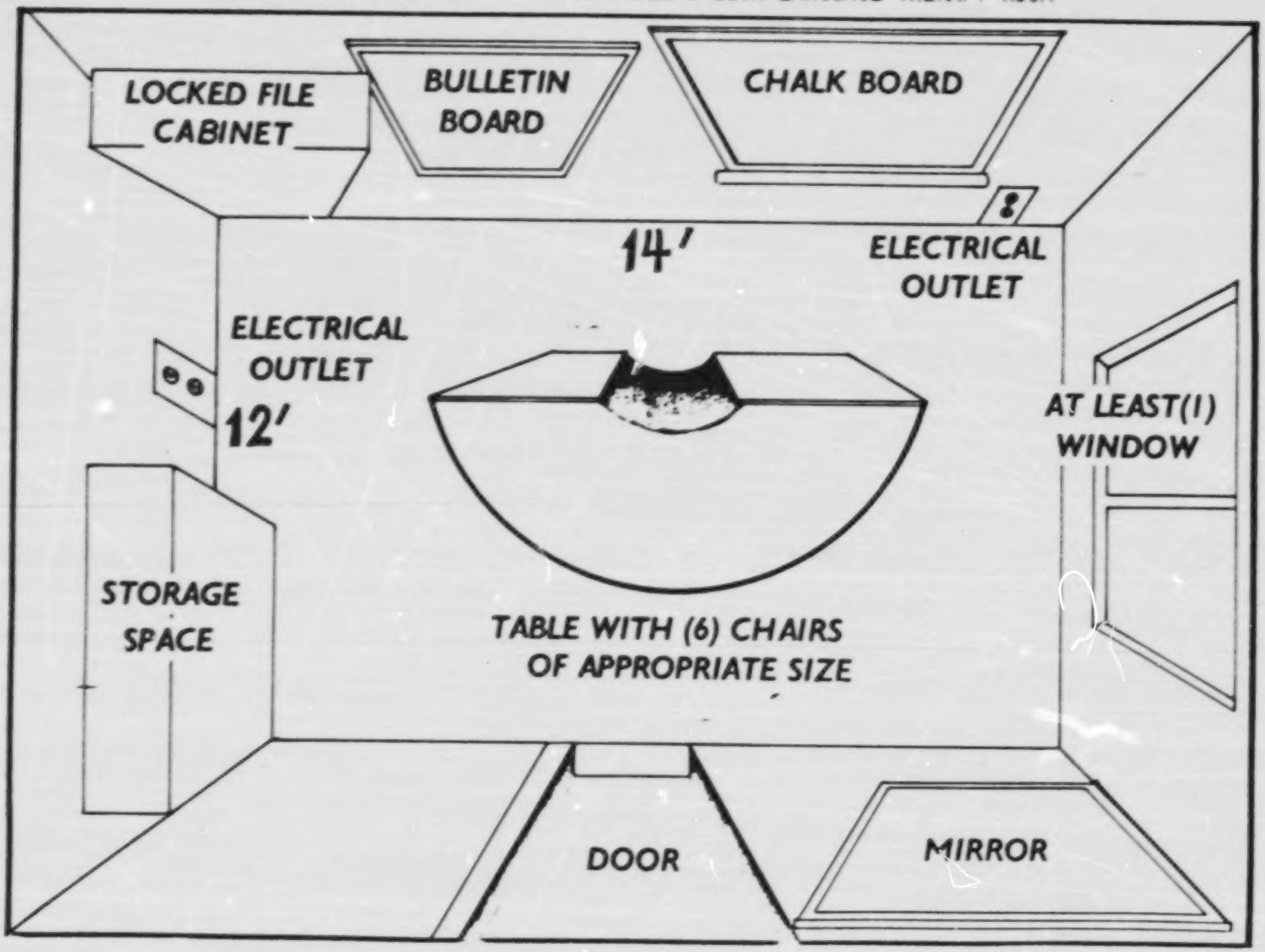
Facilities specially used for speech-language pathology programs should permit **privacy**, be **relatively free of extraneous noise** and be **readily accessible** to pupils.

Program administrators/coordinators should be provided suitable **office space, secretarial assistance, confidential telephone usage and confidential record storage.**

School districts operating model or demonstration programs should provide **observation areas or windows** in the facilities so that classroom or program interruptions by visitors may be minimized.

A diagram which illustrates suggested standards for a speech-language therapy room is provided on the next page.

SUGGESTED STANDARDS FOR ACCEPTABLE SPEECH-LANGUAGE THERAPY ROOM



### Use of First and Last Week of School

Each system should develop guidelines annually for the operation of the speech-language pathology program. Format may vary from year to year and system to system.

The following is an example of procedures and operational responsibilities.

- Preplanning Week

  Receive school assignments

  Spend one day visiting your assigned schools, meeting the principal and faculty, and orienting yourself as to the location of the therapy room and supply closet; request a mailbox

  Conduct teacher in-services in the interested schools

  Contact the president of the PTA in each school in order to establish rapport and offer the services of the speech-language pathology department in their program planning (A discussion of speech-language therapy needs as a worthwhile project for their organization to consider would be appropriate.)

  Familiarize yourself with therapy materials, tests and forms.

  Make visits to the school nurses, school psychologist, special teachers of the deaf, LD, EMR, etc. (These people can inform the SLP of availability of various diagnostic tools as well as available professional services.)

  Attend special education staff meetings and orientation. Learn about how your school system implements local, state and federal guidelines (including your school system's IEP and placement policies)

  Secure adequate facilities

  Familiarize yourself with fire regulations, etc.

  Develop or maintain a recordkeeping system

- First Week of School

  Screen (according to the policies of your local school system)

  Determine which children will require further testing. Give a list of those students to be given comprehensive speech evaluations to the school principal. *Permission to test students must be secured before any testing can take place.*

  Distribute referral forms to teachers in your assigned schools. Several copies should be left with the secretary for use by teachers during the year.

  Obtain reading, lunch, P.E., music, art and library schedules from the school secretary. Because of limited housing, the scheduling of speech-language therapy may have to be developed in conjunction with other itinerant personnel (i.e., art, music). Be aware of different schedules for each grade level (i.e., double sessions, kindergarten, primary and intermediate grades, junior and senior high schools).

  Secure permission to post written notification of the availability of speech-language therapy services and the method for referral where the greatest number of students will see it. Counselors in the junior and senior high schools will be of great help in setting up speech-language pathology programs for students in these age groups.

- Following the First Week of School

  Begin therapy with those students who are continuing in the program.

  As parental permission to evaluate referred students is received, follow due process procedures as outlined in Chapter III.

  Give a tentative schedule to the principal and or special education director. It may be helpful to use the previous year's regular schedule until the needed time and size of caseload in each school has been determined.

When scheduling is completed, give copies of speech-language therapy schedule to the teacher, principal and special education director. The principal's copies should be kept up to date when deletions and additions are made.

Compile all student records. In addition to diagnostic tests, medical reports and other pertinent information, insure that due process forms and documentations are on file for each student.

- End of Year

Follow due process procedures for end of year staffings and IEP annual reviews.

Termination of therapy — allow sufficient time for posttesting, recordkeeping, etc.

Check in materials and equipment.

File all active and inactive folders alphabetically according to local policy.

Distribute reports (i.e., progress reports or IEP summaries) to teachers and parents if applicable.

Reevaluate forms and send them to printer to be ready for beginning of the next school year.

Inventory and order supplies and materials for beginning of the next school year.

Assure calibration of audiometers.

Complete reports required by principals, special education directors, etc.

**Public Relations**

Public relations should be an integral part of every comprehensive speech-language program. On-going communication with parents, teachers, physicians, support personnel and the community at large should be maintained if the speech-language program is to be effective.

Such communication takes place for a variety of reasons, including to provide information regarding speech and language services, to further the understanding of goals and objectives of the speech-language program, to account for program activities and progress and to provide information concerning the rationale for speech-language services in terms of goals and objectives.

The area of public relations may include any or all of the following activities.

Parent-teacher conferences via written progress reports, telephone, home or school visits

Oral presentations to PTAs or local service organizations (may include discussion, filmstrips, slide presentations)

Public awareness through media services (i.e. letters to editor, newspaper article, television program, public service announcements)

Career day in local high schools

Distribute pamphlets to pediatricians, shopping centers, etc.

Filmstrips produced commercially and locally

In-service programs for teachers and administrators (may include handouts and/or pamphlets regarding identification of speech-language problems)

Participate in school activities (PTA, open house, luncheons with faculty, faculty meetings, etc.)

Invite teachers, parents and administrators to visit therapy

**Record Keeping Procedures**

The primary purposes for keeping records are to preserve an account of the SLPs services and to serve as a reference for future use. A coordinated set of records and reports is an asset to the provision of continuity of service.

Records should be concise, accurate, easily accessible to the SLP and kept in a locked file or other secure location if confidential information is included.

It is recommended that each SLP consult with his or her school administrator regarding the recordkeeping policies of the district and follow them. (Confidentiality safeguards as required by law are discussed in Chapter III.)

Speech-language pathology programs should collect and use data to facilitate program planning, management and evaluation and permit the acquisition of current information and case management levels.

Data should include

- statistical information — number of students screened and evaluated, enrollment in classes by level and type or problem, number dismissed and dropped from therapy, total on the waiting list, and number to be continued in therapy during the coming year.
- descriptive information — in-service training programs, special projects, attendance at professional meetings, etc.

On the basis of this information the following administrative decisions may be made.

- Determination of program needs
- Determination of program goals based on need analysis and available resources
- Determination of strategies which will improve staff performance

The following types of records/reports should be maintained by the SLP.

- Individual Student Case Records

  Initial referral and/or screening information

  Hearing/vision screening results

  Results of comprehensive evaluation (i.e., test results, case history, medical evaluation, results of oral peripheral examination, reports from other professionals, etc.)

  Parental permission to evaluate

  Invitation to IEP meeting and/or documentation of attempts to involve parents in the IEP-placement and/or review process

  IEP

  Placement committee meeting minutes

  Parental permission for placement

  IEP annual review (at the appropriate time)

  Daily therapy plans/logs

  Notes of parent/teacher contacts

- Program Records

  Therapy schedule(s)

  Master waiting list (if applicable)

  Master caseload list with disposition of cases (names of students dismissed, continued, etc.)

  Master list of group screenings

  Records of in-service programs attended

Appendix A includes sample record and reporting forms.

# Chapter V
# Instructional Program

**Speech and Language Therapy - Direct Service Objective**

The following pages contain examples of long and short-term goals for the four major speech and language disabilities areas: articulation, fluency, voice and language.

The specific wording of students' IEP goals should be determined by the therapy approach selected and the SLPs clinical preferences. The examples included in the following pages should not be presumed to be outlines for comprehensive planning. The examples should be used as an aid in writing complete, clearly stated goals.

Further examples of IEP objectives may be found in *The Escambia County Speech Clinicians' Curriculum Guide*. This guide may be purchased from the Educational Services Center, Escambia County Schools, 5404 Lillian Highway, Pensacola, Florida 32506.

- Sample Articulation Therapy Objectives

  Sample long-term goal

  The student will spontaneously produce all phonemes typically required by his or her age level, within the student's physical limitation and in a variety of speaking situations.

  Sample short-term goals

  *Speech sound discrimination*

  - The student will discriminate the target sound from other sounds in words with _____ percent accuracy.
  - The student will discriminate between correct and incorrect productions of the target sound with _____ percent accuracy.

  *Speech sound production* — The student will produce the target sound in _____ with _____ percent accuracy.

  - isolation
  - syllables
  - words
  - phrases
  - sentences
  - reading
  - structured conversation
  - spontaneous conversation

  *Carry-over*

  - The student will produce the target sound in situations outside the therapy room with approximately _____ percent accuracy.
  - The student will maintain correct production of the target sound after termination of regularly scheduled sessions with _____ accuracy.

- Sample Fluency Therapy Objectives

  Sample long-term goals

  The student will modify stuttering behavior exhibited during conversational speech so that the student's communication skills prove to be acceptable to the student and/or other listeners in the environment.

  The student will increase fluent speech and decrease the occurence of secondary characteristics associated with stuttering.

  Sample short-term goals

  The student will demonstrate understanding of normal speech production and will describe fluent and non-fluent speech with a _____ level of accuracy

  The student will produce fluent speech in the therapy setting with a _____ percent of accuracy

  - for all speech sounds in nonsense syllables or in isolation.
  - for nonsense syllables and one-syllable words.

- for two, three, then four syllable words.
- for sentences.
- for several descriptive sentences together.
- for spontaneous conversation.

The student will produce fluent speech outside the therapy setting with a _____ percent level of accuracy

- in increasingly difficult controlled situations.
- in increasingly difficult unrehearsed situations.

- Sample Voice Therapy Objectives

Sample long-term goal

The student will use appropriate vocal _____ in spontaneous speech, in a variety of speaking situations and within the student's physical limitations.

- Quality
- Pitch
- Loudness

Sample short-term goals

Goals for improvement of **voice quality**

- The student will be able to produce a sustained phonation at a subjectively evaluated normal quality _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal quality in words _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal quality in sentences _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal quality in structured speaking situations _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal quality in carry-over activities as judged by parents, teachers and peers.

Goals for improvement of **pitch**

- The student will be able to produce a sustained phonation at a subjectively evaluated normal pitch _____ out of _____ times.
- The student will be able to produce a subjectively evaluated normal pitch in words _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal pitch in sentences _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal pitch in structured speaking situations _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal pitch in carry-over activities as judged by parents, teachers and peers.

Goals for improvement of **loudness** (intensity)

- The student will be able to produce a sustained phonation at a subjectively evaluated normal loudness _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal loudness in words _____ / _____ times.
- The student will be able to produce a subjectively normal loudness in sentences _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal loudness in structured speaking situations _____ / _____ times.
- The student will be able to produce a subjectively evaluated normal loudness in carry-over activities as parents, teachers and peers.

- Sample Language Therapy Objectives

Sample long-term goal

The student will demonstrate receptive and expressive language skills at a level commensurate with other mental and physical abilities.

Sample short-term goals*

*Semantics*

- Vocabulary

  The student will label (10) objects dealing with (self-help skills) with a _____ percent level of accuracy.
  The student will motorically identify the prepositions (e.g., on, under, beside and in) with _____ percent accuracy.

- Verbal Concept Development

  The student will categorize **(20 food and nonfood items)** with _____ percent accuracy.
  The student will verbally label the category/categories of _____ with _____ percent accuracy.
  The student will demonstrate knowledge of **time concepts** (now, next, before, after, etc.) with _____ percent accuracy.
  The student will verbally express relationships of objects within a category with _____ percent accuracy.

*Syntax/Morphology* (Grammar)

- The student will produce _____ syntactical form in (phrases, sentences, conversational speech, etc.) with _____ percent accuracy.

  The following is a list of syntactical/morphological forms that may be used for remediation purposes.

  Nouns
  Verbs
  Noun and Verb
  Noun and Verb and Object
  Is
  Is and Verbing
  Noun Plurals - Regular and Irregular
  Past Tense Verbs - Regular and Irregular
  Prepositions
  Pronouns
  Questions
  Wh Questions
  Noun Verb Agreement
  Possessives
  Articles
  Conjunctions
  Indirect Objects
  Future Tenses
  Perfect Tenses
  Passive Voice
  Negatives

  Sentence Expansion from Simple - Compound - Complex

  Simple - Noun phrase and Verb phrase
  Compound - compound subject, compound verb, compound sentence
  Complex - adverbial phrases, adjectival phrase

- Response formulation

  Word finding skills

  The student will reduce word finding problems and verbalize the target word through the use of a _____ (i.e. self, therapist, initial sound, etc.) cue with _____ percent accuracy.
  The student will respond to verbal stimuli within a normal latency period and with fewer than _____ delays.

  Verbal sequencing of ideas

  The student will sequentially relate stories each containing _____ i.e. (3) major events with _____ out of _____ trials correct.

*Items in parentheses are given as examples and may vary depending on student need.

**Professional References**

The following list is a compilation of articles and books of interest to public school speech-language pathologists. The list is not meant to be comprehensive but may provide a guideline in selecting publications for a professional reference library.

A special thank you is due the faculty of the Department of Speech Pathology and Audiology, University of Georgia, for their input into the development of this list.

The references are organized in the following categories.

- General Texts
- Program Planning, Management and Supervision
- P.L. 94-142
- Diagnosis
- Articulation Disorders
- Voice Disorders
- Fluency Disorders
- Language Disorders
- Learning Disabilities
- Mental Retardation (TMR, SMR, PMR) and Severe Multihandicaps
- Audiology and Hearing Impaired
- Emotional Disturbance

Publishers' addresses are available at the end of the listing.

**Professional Reference List for Speech-Language Pathologists**

**General Texts**


Perkins, W. H., *Speech Pathology: An Applied Behavioral Science*. St. Louis: Mosby Times Mirror (1977).

Travis, L. E. (Ed.), *Handbook of Speech Pathology*. New York: Appleton-Century-Crofts (1971).

Van Riper, C., *Speech Correction: Principles and Methods*. New York: Prentice-Hall (1963).


**Program Planning, Management and Supervision**


Alpine, J. G., Ogden, J., and Wiggins, J., *Utilization of Supportive Personnel in Speech Correction in Public Schools*. *American Speech-Language-Hearing Association*, 12, 599-604 (1970).

Alvord, D. J., Innovation in Speech Therapy: A Cost Effective Program. *Exceptional Children*, 43, 520-525 (1977).

Anderson, J. L., Supervision of school speech, language, and hearing programs - an emerging role. *American Speech-Language Hearing Association*, 16, 7-10 (1974).

Bradford, L. J. (Ed.). *Communication Disorders: An Audio Journal for Continuing Education*. New York: Grune and Stratton.

Bright, H. M., *Out in the Back 40: A Voice From the Field*. San Luis Obispo, Calif.: Redwood Publishing Co. (1978).

Garrard, K. R., The Changing Role of Speech and Hearing Professionals in Public Education. *American Speech-Language Hearing Association*, XXI, 2, 91-98 (1979).

Hartbauer, R. E. (Ed.), *Counseling in Communicative Disorders*. Springfield, Ill.: Charles C. Thomas (1978).

Healey, W. C., *Planning, Development, Management, Evaluation*. Washington, D.C.: *American Speech-Language-Hearing Association* (1972).

Healey, W. C., *Standards and Guidelines for Comprehensive Language, Speech, and Hearing Programs in the Schools*. Washington, D.C.: *American Speech-Language-Hearing Association* (1973-1974).

Madrid, J. H., A Method for Determining Speech, Hearing, and Language Staff Assignments to Schools in Cooperative Agreement. *Language, Speech and Hearing Services in the Schools*, 4, 209-216 (1977).

Mowrer, D. E., Accountability and Speech Therapy in the Public Schools. *American Speech-Language-Hearing Association*, XIV, 3, 111-115 (1972).

Phelps, R. A. and Koenigshnecht, R. A., Attitudes of Classroom Teachers, Learning Disabilities Specialists and School Principals Toward Speech and Language Programs in Public Elementary Schools. *Language, Speech and Hearing Services in the Schools*, VIII, 1, 33-45 (1977).

O'Toole, T. J., Supervision of the clinical trainee. *Language, Speech and Hearing Services in the Schools*, IV, 3, 132-139 (1973).

Oratio, A. M., *Supervision in Speech Pathology: A Handbook for Supervisors and Clinicians*. Baltimore, Md., University Park Press (1977).

Scalero, A. and Eskenazi, C., The Use of Supportive Personnel in a Public School Speech and Language Program. *Language, Speech and Hearing Services in the Schools*, VII, 3, 150-158 (1978).

Van Hattum, R. J., *Clinical Speech in the Schools: Organization and Management*. Springfield, Ill. Charles C. Thomas (1976).

Van Hattum, R. J., Services of the Speech Clinician in Schools: Progress and Aspects. *American Speech-Language-Hearing Association*, 18, 59-63 (1976).

Work, R., Hutchinson, E., Healy, W., Scmmers, R., and Stevens, E., Accountability in a School Speech and Language Program: Part II: Instructional Materials Analysis. *Language, Speech and Hearing Services in the Schools*, VII, 4, 259-270 (1976).

Zemmel, C. S., A Priority System of Case-Load Selection. *Language, Speech and Hearing Services in the Schools*, VIII, 2, 85-98, (1977).

**P.L. 94-142**

Bruner, B. J. (Ed). *Escambia County Speech Clinicians Curriculum Guide*. Escambia County (Florida) School Board (1978). Contains IEP Objectives.

Dublinske, S., P.L. 94-142: Developing the Individualized Education Program (IEP). *American Speech-Language-Hearing Association*, 20, 380-397 (1978).

Dublinske, S. and Healy, W. C., P.L. 94-142: Questions and Answers for the Speech-Language Pathologist and Audiologist. *American Speech-Language-Hearing Association*, 20, 188-205 (1978).

**Diagnosis**

Barrie - Blackley, S., Musselwhite, C. R., Rogister, S. H., *Clinical Oral Language Sampling*. Danville, Ill.: The Interstate Printers and Publishers, Inc. (1978).

Darley, F. L. and Spriestersbach, D. C., *Diagnostic Methods in Speech Pathology*, Second Edition. New York: Harper and Row (1978).

Emerick, L. and Hatten, J., *Diagnosis and Evaluation in Speech Pathology*. Englewood Cliffs, N.J.: Prentice Hall, Inc. (1974).

Lee, L., *Developmental Sentence Analysis*. Evanston, Ill.: Northwestern University Press (1974).

Lloyd, L. L. (ed)., *Communication Assessment and Intervention Strategies*. Baltimore, Md.: University Park Press (1976).

Mason, R. and Simon, C., An Orofacial Examination Checklist. *Language, Speech and Hearing Services in the Schools*, VIII, 3, 155-163 (1977).

Mearson, R. M., Fishman, B. V., and Fowler, S. A., *Central Institute Test Evaluation Booklet*. Cedar Falls, Iowa: Go-Mo Industries, Inc., (1976).

Pickering, M. and Dopheide, W. Training Aids to Screen Children for Speech and Language Problems. *Language, Speech and Hearing Services in the Schools*, VII, 4, 236-241 (1976).

Tyack, D. and Gottsleben, R., *Language Sampling, Analysis, and Training*. Palo Alto, Calif.: Consulting Psychologists Press (1975).

**Articulation Disorders**

Bradley, D. P. and McCabe, R. B. Systematic Multiphonemic Approach to Articulation Therapy. Chapel Hill, N.C.: University of North Carolina School of Dentistry.

Fisher, H., *Improving Voice and Articulation*, Second Edition. Boston, Mass.: Houghton Mifflin Co. (1975).

Gerber, A., Programming for Articulation Modification. *Journal of Speech and Hearing Disorders*, 42, 29-43 (1977).

Goda, S., *Articulation Therapy and Consonant Drill Book*. New York: Grune and Stratton (1970).

Nemoy, E. M., and Davis, S. F., *Correction of Defective Consonant Sounds*. Boston, Mass.: Expression Co. (1945).

Rampp, D. L. and Pannbacher, M., Indications and Contraindications for Tongue Thrust Therapy. *Language, Speech and Hearing Services in the Schools*, IX, 4, 259-264 (1978).

Sanders, E., When Are Speech Sounds Learned? *Journal of Speech and Hearing Disorders*, 27, 55-63 (1972).

Weiner, F. and Bankson, Teaching Features. *Language, Speech and Hearing Services in the Schools*, IX, 1, 29-34 (1978).

**Voice Disorders**

Bionigen, J. A., Management of Vocal Hoarseness Caused by Abuse: An Approach. *Language, Speech and Hearing Services in the Schools*, IX, 3, 142-150 (1978).

Boone, D. R., *The Voice and Voice Therapy*, Second Edition. Englewood Cliffs, N.J.: Prentice Hall (1977).

Cooper, M. and Cooper, M. H., (eds), *Approaches to Vocal Rehabilitation*. Springfield, Ill.: Charles C. Thomas (1977).

Johnson, T. S., *Vocal Abuse Reduction Program*. Logan, Utah: Utah State University (1976).

Stone, E., Hurlbutt, N. and Couldhard, S., Role of Laryngeal Consultation in the Intervention of Disphonia. *Language, Speech and Hearing Services in the Schools*, IX, 1, 35-42 (1978).

Wilson, K. D., *Voice Problems in Children*, Second Edition. Baltimore, Md.: Williams and Wilkins (1979).

**Fluency Disorders**

Luper, H. L. and Mulder, R. L., *Stuttering Therapy for Children*. Englewood Cliffs: N.J. (1964).

Mowrer, D., *Program to Establish Fluent Speech*. Columbus, Ohio: Charles E. Merrill Publishing Co. (1978).

Riley, G. D., Stuttering Severity Instrument for Children and Adults. *Journal of Speech and Hearing Disorders*, 37, 214-322 91972).

Ryan, B. P., *Programmed Therapy for Stuttering in Children and Adults*. Springfield, Ill.: Charles C. Thomas (1974).

Shine, R. E., Systematic Fluency Training for the Young Stutterer (ages 3-9). Greenville, N.C.: East Carolina University (1976).

Van Riper, C., *The Nature of Stuttering*. Englewood Cliffs, N.J.: Prentice Hall, Inc. (1973).

Van Riper, C., *The Treatment of Stuttering*. Englewood Cliffs, N.J.: Prentice Hall, Inc. (1973).

Zwitman, D. H., *The Disfluent Child: A Management Program*. Baltimore, Md.: University Park Press (1978).

**Language Disorders**

Andrews, M. and Brabson, C., Preparing the Language Impaired Child for Classroom Mathematics: Suggestions for the Speech Pathologist. *Language, Speech and Hearing Services in the Schools*, VII, 1, 46-53 (1977).

Bloom, L. and Lahey, M., *Language Development and Language Disorders*. New York: John Wiley and Sons (1978).

Hatten, J., Goman, T., and Lent, C., *Emerging Language 2*. Tucson, Ariz.: Communication Skill Builders (1976).

Lee, L. L., Koenigsknecht, R. A., and Mulhen, S. T., *Interactive Language Development Teaching*. Evanston, Ill.: Northwestern University Press (1975).

McClean, J., and Snyder-McLean, L., *A Transactional Approach to Early Language Learning Problems*, Washington, D.C.: Children's Hearing and Speech Center.

Monsees, E. K., *Structured Language: for Children with Special Language Learning Problems*. Washington, D.C.: Children's Hearing and Speech Center.

Muma, J. R., *Language-Handbook: Concepts, Assessment, Intervention*. Englewood Cliffs, N.J.: Prentice-Hall, Inc. (1978).

Pickering, M. and Kaelber, P., The Speech-Language Pathologist and the Classroom Teacher: A Team Approach to Language Development. *Language, Speech and Hearing Services in the Schools*, IX, 1, 43-49 (1978).

Rieke, J. A., Lynch, L. L., and Soltman, S. F., *Teaching Strategies for Language Development*. New York: Grune and Stratton, Inc. (1977).

Schiefelbusch, R. L. (Ed.), *Language Intervention Strategies*. Baltimore, Md.: University Park Press (1978).

Wiig, E., and Semel, E. *Language Disabilities in Children and Adolescents*. Columbus, Ohio: Charles E. Merrill (1976).

Worthley, J., *Sourcebook of Language Learning Activities*. Baltimore, Md.: Williams and Wilkins (1979).

**Learning Disabilities**

Goodman, L. and Mann, L., *Learning Disabilities in the Secondary School*. New York: Grune and Stratton (1976).

Knight, N. E., Structuring Remediation in a Self-contained Classroom. *Language, Speech and Hearing Services in the Schools*, V, 4, 198-203 (1974).

Robertson, M. L. and Freeman, G., Applying diagnostic information to decisions about placement and treatment. *Language, Speech and Hearing Services in the Schools*, V, 4, 187-183 (1974).

Simon, C. S., Cooperative Communication Programming: A Partnership Between the Learning Disabilities Teacher and the Speech-Language Pathologist. *Language, Speech and Hearing Services in the Schools*, VIII, 3, 188-200 (1977).

Wiig, E. H. and Semel, E. M. *Language Assessment and Intervention for the Learning Disabled*. Columbus, Ohio: Charles E. Merrill (1980).

**Mental Retardation (TMR/SMR/PMR) and Severe Multihandicaps**

Bender, M., Vallentutti, P., and Bender, R., *Teaching the Moderately and Severely Handicapped (Vol. I and II)*. Baltimore, Md.: University Park Press (1976).

Bigge, J. L. and O'Donnell, P. A., *Teaching Individuals with Physical and Multiple Disabilities*. Columbus, Ohio: Charles E. Merrill (1976).

Bliss, C. K., *Ontario Crippled Children's Center Symbol Communication Research Project: Teaching Guidelines*. Ontario: Crippled Children's Center (Sept. 1974).

Booth, T., Early Receptive Language Training for the Severely and Profoundly Retarded. *Language, Speech and Hearing Services in the Schools*, IX, 3, 151-154 (1978).

Bricker, D., et. al., *Constructive-Interaction-Adaption Approach to Language Training*. Miami, Fla.: Mailman Center for Child Development (1975).

Bricker, W. A. and Bender, D., A Program of Language Training for the Severely Handicapped Child. *Exceptional Child*, 37, 101-110 (1970).

Bricker, W. L., A Systematic Approach to Language Training in *Language of the Mentally Retarded*, p. 75-92, R. Schrefelbusch, Ed., Baltimore, Md.: University Park Press (1972).

Davis, C. M., Programming Language for Severely Retarded Children. *Language, Speech and Hearing Services in the School*, IX, 4, 213-219 (1978).

Dever, R. B., *TALK: Teaching American Language to Kids*. Columbus, Ohio: Charles E. Merrill Publishing Co. (1978).

Fristoe, M., *Four Language Intervention Systems*. Decatur, Ala.: Lurleen B. Wallace Developmental Center.

Fristoe, M., (Ed.), *Language Intervention Systems for the Retarded: A Catalog of Original Structured Language Programs in Use in the U.S.* Decatur, Ala.: Lurleen B. Wallace Developmental Center (1975).

Guess, D., Sailor, W., and Baer, D., *Functional Speech and Language Training for the Severely Handicapped*, Part I and II. Lawrence, Kan.: Hand H. Enterprises, Inc. (1976).

Kent, L. R., *Language Acquisition Program for the Retarded or Multiply Impaired*. Champaign, Ill.: Research Press (1974).

McDonald, J. D. and Schultz, A. R. *Communication Boards for Cerebral Palsied Children, Journal of Speech and Hearing Disorders*, 37, 1, 73-88 (1973).

McLean, J., Yoder, D., and Schiefelbusch, R. (Eds.), *Language Intervention with the Retarded: Developing Strategies*. Baltimore, Md.: University Park Press (1972).

Vanderheiden, G. C., *Nonvocal Communication Aids and Techniques*. Baltimore, Md.: University Park Press (1976).

Vanderheiden, G. C., *Nonvocal Communication Resource Book*, Baltimore, Md.: University Park Press (1978).

Withrow, F. B. and Nygren, C. J., *Language, Materials, and Curriculum Management for the Handicapped Learner*. Columbus, Ohio: Charles E. Merrill Publishing Co. (1976).

**Audiology and Hearing Impairments**

Blackwell, P. M., Engen, E., Fischgrund, J. E., and Zarcadoolas, C., *Sentences and Other Systems: A Language and Learning Curriculum for Hearing Impaired Children*. Washington, D.C.: Alexander Graham Bell Association, (1978).

Kretschmer, R. R. and Kretscher, L. W., *Language Development and Intervention with the Hearing Impaired*. Baltimore, Md.: University Park Press (1978).

Ling, D., *Speech and the Hearing Impaired Child: Theory and Practice*. Washington, D.C., Alexander Graham Bell Association (1976).

McCaw, D., *Materials for Deaf/Hearing Impaired: An Annotated Bibliography*. Beaverton, Ore.: Dormac, Inc. (1977).

Navairo, M. R. and Klodd, D. A., Impedance Audiometry for the School Clinician. *Language, Speech and Hearing Services in the Schools*, IX, 1, 50-56 (1978).

Northcott, W. H. (Ed.), *Curriculum Guide: Hearing Impaired Children: Birth to Three Years, and Their Parents*. Washington, D.C.: Alexander Graham Bell Association (1977).

Northern, J. and Dorino, M., *Hearing in Children*, Second Edition. Baltimore, Md.: Williams and Wilkins (1978).

Sanders, D. A., *Aural Rehabilitation*, Englewood Cliffs, N.J.: Prentice-Hall, Inc. (1971).

Schumacker, M. and Melancon, B., *Manual for Interpreting Audiologic Tests*. New Orleans, La.: Louisiana State University.

**Emotional Disturbance**

Lovas, O. I., *The Autistic Child*. New York: John Wiley and Sons (1977).

Yudokowitz, E., Leivison, N., and Rottersman, J., *Communication Therapy in Childhood Schizophrenia*. New York: Grune and Stratton (1976).

60

## PUBLISHERS' ADDRESSES

**Journals**

*Exceptional Child*
Available from
The Council of Exceptional Children
1920 Association Dr.
Reston, Va. 22091

*American Speech-Language-Hearing Association, Language, Speech and Hearing Services in the Schools (LSHSS), and Journal of Speech and Hearing Disorders (JSHD)*
Available from
The American Speech and Hearing Association
10801 Rockville Pike
Rockville, Md. 20852

**Books**

Alexander Graham Bell Association for the Deaf
3417 Volta Place NW
Washington, D.C. 20007

American Speech and Hearing Association
10801 Rockville Pike
Rockville, Md. 20852

Appleton-Century-Crofts
292 Madison Ave.
New York, N.Y. 10017

Charles C. Thomas
301-327 E. Lawrence Ave.
Springfield, Ill. 62717

Charles E. Merrill Publishing Co.
Dept. AS
1300 Creek Dr.
Columbus, Ohio 43216

Childrens Hearing and Speech Center
Department D
111 Michigan Ave. NW
Washington, D.C. 20010

Communication Skill Builders
815 E. Broadway
P. O. Box 42050-6
Tucson, Ariz. 85733

Consulting Psychologists Press
577 College Ave.
Palo Alto, Calif. 94306

Crippled Children's Center
350 Ramsey Rd.
Toronto, Ontario M4G1R8

Dormac, Inc.
P. O. Box 752
Beaverton, Ore. 97006

East Carolina University
Department of Speech, Language and Auditory Pathology
School of Allied Health and Social Professions
Greenville, N.C. 27834

Escambia County Schools
Barbara J. Bruner
Educational Services Center
5404 Lillian Highway
Pensacola, Fla. 32506

Expression Company
155 Columbus Ave.
Boston, Mass. 02116

GoMo Industries, Inc.
Cedar Falls, Iowa 50613

Grune and Stratton, Inc.
111 Fifth Ave.
New York, N.Y. 10003

H. and H. Enterprises
Box 3342
Lawrence, Kan. 66044

Harper and Row
10 E. 53rd St.
New York, N. Y. 10022

Houghton Mifflin Co.
1 Beacon St.
Boston, Mass. 02107

Interstate Printers and Publishers, The
19-27 North Jackson St.
Danville, Ill. 61832

John Wiley and Sons
Halsted Press
605 3rd Ave.
New York, N.Y. 10016

Louisiana State University Medical Center
Kresge Hearing Research Laboratory
1100 Florida Ave.
Bldg. 164
New Orleans, La. 70119

Lurleen B. Wallace Developmental Center
P. O. Box 2224
Decatur, Ala. 35601

Mailman Center for Child Development
Box 520006
Biscayne Annex
Miami, Fla. 33152

Mosby Times Mirror
11830 Westline Industrial Dr.
St. Louis, Mo. 63141

Prentice Hall, Inc.
Dept. J-706
Englewood Cliffs, N.J. 07632

Redwood Publishing Co.
3860 S. Higuera, Space 105
San Luis Obispo, Calif. 93401

Research Press
2612 N. Mattis Ave.
Champaign, Ill. 61820

University of North Carolina School of Dentistry
Oro-Facil and Communicative Disorders Program
Chapel Hill, N.C. 27514

University Park Press
Chamber of Commerce Bldg.
Baltimore, Md. 21202

Utah State University
Department of Communicative Disorders
UMC 10
Logan, Utah 84322

Williams and Wilkins
428 E. Preston St.
Baltimore, Md. 21202

**Materials and Equipment**

Materials and equipment consist of evaluative, therapeutic, professional, resource and expendable supplies. Items provided should be based upon periodic review of program needs and should be included in annual budgetary allocations for the school system.

Each school district should provide and make available for the speech-language pathology program all necessary equipment and materials, including both durable items and expendable supplies. As used in this section, equipment also includes acoustical treatment of rooms (when needed).

An adequate supply of tests and other diagnostic materials is particularly important. Adequate diagnostic and assessment materials must be provided each speech-language pathologist in order for the SLP to determine eligibility of students and provide a comprehensive evaluation as required by law.

This section provides a budget outline for speech-language pathology program. Appendices B, C, D and E provide additional information on ordering of tests, other materials and equipment.

## Budget Outline for Speech-Language Pathology Programs

The following outline may be used as a guideline in assessing material and equipment needs for speech-language programs. This outline suggests a minimum of materials, equipment, tests and texts needed to establish an adequate program. More materials should be added as the program grows and improves. The outline will need some modifications and additions if physically handicapped and TMR/SMR students are served. Ordering information is available at the end of the listing.

**Equipment**

- Portable cassette tape recorder of good fidelity with extra blank cassettes
- Portable mirror
- Hand counters (e.g., "The Count" by Bertam J. Hilbert)
- Flashlight or Floxlite set
- Puretone audiometer (or use of systemwide audiometer)

**Evaluation Materials** (also see Appendix I, "Suggested Outline for Speech-Language Evaluation")

- General reference (e.g., Darley, F. L. and Spriesterbach, D. C., *Diagnostic Methods in Speech Pathology*, Second edition, New York: Harper and Row, 1978)
- ***Articulation:*** screening and diagnostic tests
- ***Language:*** several tests needed

  Screening (e.g., Bankson Language Screening Test)

  Expressive (e.g., Structured Photographic Language Test, Carrow Elicited Language Inventory)

  Receptive (Carrow's Test of Auditory Comprehension of Language, Boehm Test of Basic Concepts, Token Test, etc.)
- ***Voice*** (evaluation recommendations in therapy texts)
- ***Stuttering***

  Stopwatch

  Therapy texts

**Therapy Materials**

- ***Articulation***

  Articulation stimulus cards (e.g., Peabody Articulation Decks)

  Programmed articulation sets (e.g., SWRL or AMP kits)

  Articulation workbooks or spirit master sets

  Reference texts for articulation therapy (e.g., Goda, S., *Articulation Therapy and Consonant Drill Book*, N. W.: Grune and Stratton, 1970)
- ***Stuttering***

  Stopwatch

  Therapy texts (e.g., Ryan, B. P. *Programmed Therapy for Stuttering*: Springfield, Ill.: Charles C. Thomas, 1974)
- ***Voice***

  Therapy texts (e.g., Wilson, K. D., *Voice Problems in Children*, Baltimore, Md.: Williams and Wilkins)

  Vocal Nodule Program (e.g., Vocal Abuse Reduction Program — V.A.R.P., by Dr. Thomas Johnson, Department of Communicative Disorders, Utah State University, UMC10, Logan, Utah 84322)
- ***Language***

  Language Therapy Programs/kits (e.g., Folkes Sentence Builder, Boehm Resource Guide for Basic Concept Teaching, Target on Language, Emerging Language, etc.)

  Language stimulation materials (e.g., DLM materials, puppets, picture sets, toy objects, etc.)

  Therapy Texts (e.g., Wiig, E. and Semel, E. *Language Disabilities in Children and Adolescents*, Columbus, Ohio: Charles E. Merrell, 1976)

**Professional Library**

- Begin with five to 10 selections from the "Professional Reference List for Speech-Language Pathologists" included in this chapter
- Add additional selections each school year

**Furniture**

- A desk and chair for each speech-language pathologist
- Adjustable table(s)
- Chairs (of varied size)
- Lockable filing cabinet
- Chalkboard
- Mirror
- Bulletin board
- Lockable storage space for material and supplies
- Special furniture may be needed if speech-language pathologist is working with physically or multiply handicapped students

**Suggestions for Additional Equipment** (optional)

- Language Master or its equivalent
- Increased number of audiometers and/or more specialized audiometers
- Increased number of diagnostic tests and specialized materials for therapy
- Amplifying unit for use with auditory stimulation
- Auditory trainer unit - binaural with balance control

## Budget Outline for Speech-Language Pathology Programs
## Ordering Information

**Portable Cassette Tape Recorder**

Avid Corporation
100 Tripps Lane
East Providence, R. I. 02914

Go Mo Products
Cedar Falls, Iowa 50613

**Portable Mirror**

Nonbreakable Speech Mirror

Mafex Associates, Inc.
90 Cherry St.
Box 519
Johnstown, Pa. 15907

Modern Education Corp.
P. O. Box 721
Tulsa, Okla. 74101

**Hand Counter**

The Count

Bertram J. Hilbert
3245 Highland St.
Allentown, Pa. 18104

Redi-Tally
Whitehaven Publishing Co.
Box 2
New Richmond, Wisc. 54017

**Floxlite**

Mirror Flashlight Set

Floxlite Co., Inc.
United Office Building
220 First St.
Niagra Falls, N. Y. 14303

Whitehaven Publishing Co.
Box 2
New Richmond, Wisc. 54017

**Audiometer**

Sehas, Inc.
2625 N. Decatur Rd.
Decatur, Ga. 30033

Maico Hearing Instrument, Inc.
7375 Bush Lake Rd.
Minneapolis, Minn. 55435

**Evaluation Materials/Tests**

(also see Appendix D, "Tests")

**Screening Tests**

Compton Speech and Language Screening Evaluation
Carousel House
P. O. Box 4480
San Francisco, Calif. 94101

Florida Language Screening System

Educational Products Distribution
Florida Department of Education
201 W. Park Ave.
Tallahassee, Fla. 32304

Palst Screening Test

Word Making Productions, Inc.
Box 1858
Salt Lake City, Utah 84110

The Stephens Oral Language Screening Test

Interim Publishers
3900 Scobie Rd.
Penisula, Ohio 44264

Bankson Language Screening Test

University Park Press
Chamber of Commerce Bldg.
Baltimore, Md. 20202

Fluharty Preschool Speech-Language Screening Test

Teaching Resources Corporation
50 Pond Park Rd.
Hingham, Mass. 02043

**Articulation Tests**

Arizona Articulation Proficiency Scale

Western Psychological Services Dept.
12031 Wilshire Blvd.
Los Angeles, Calif. 90025

Fisher-Logemann Test of Articulation Competence

Houghton Mifflin
110 Tremont St.
Boston, Mass. 02107

Goldman-Fristoe Test of Articulation

American Guidance Service, Inc.
Publishers Building
Circle Pines, Minn. 55014

Weiss Comprehensive Articulation Test

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

**Language Tests**

Boehm Test of Basic Concepts

Psychological Corporation
1372 Peachtree St. N.E.
Atlanta, Ga. 30309

Assessment of Children's Language Comprehension (Foster, Geddan, and Stark)

Consulting Psychologists Press, Inc.
577 College Ave.
P. O. Box 11636
Palo Alto, Calif. 94306

Clinical Evaluation of Language Functions

Charles E. Merrill Publishing Company
1300 Alum Creek Dr.
Columbus, Ohio 42316

Carrow Elicited Language Inventory

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Preschool Language Scale
(Zimmerman, Steiner and Evatt)

Charles E. Merrill Publishing Company
1300 Alum Creek Drive
Columbus, Ohio 42316

The Structured Photographic Language Test (SPLT) (Ellen Weiner and Janet Kresheck)

Jannelle Publications
P. O. Box 12
Sandwich, Ill. 60548

Test of Auditory Comprehension of Language (Carrow)

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Test of Language Development (Newcomer and Hammill)

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, Calif. 90025

Token Test for Children

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

*Voice Disorders Texts*
Also see "Professional Reference List for Speech-Language Pathologists" included in this chapter.

*Symptomatic Voice Therapy*
by N. Polow and E. Kaplan

Modern Education Corp.
P. O. Box 721
Tulsa, Okla. 74101

*Vocal Abuse Reduction Program*
T. Johnson

Thomas Johnson
Department of Communicative Disorders
Utah State University
UMC 10
Logan, Utah 84322

*Voice Problems in Children*
by K. Wilson

Williams and Wilkins
428 E. Preston St.
Baltimore, Md. 21202

**Stopwatch**

Ideas
P. O. Box 741
Tempe, Ariz. 85281

Modern Education Corporation
P. O. Box 721
Tulsa, Okla. 74101

*Stuttering Therapy Texts*
Also see "Professional Reference List for Speech-Language Pathologists" included in this chapter.

*Program to Establish Fluent Speech*
By D. Mowrer

Charles E. Merrill Publishing Co.
Department AS
1300 Creek Dr.
Columbus, Ohio 43216

*Programmed Therapy for Stuttering in Children and Adults*
by B. P. Ryan

Charles C. Thomas
301-327 E. Lawrence Ave.
Springfield, Ill. 62717

*The Disfluent Child: A Management Program*
by D. H. Zwitman

University Park Press
Chamber of Commerce Bldg.
Baltimore, Md. 21212

**Articulation Stimulus Cards**

Peabody Articulation Decks

American Guidance Service
Publishers' Building
Circle Pines, Minn. 55014

Word Making Cards

Word Making Productions
P. O. Box 15038
Salt Lake City, Utah 84115

**Programmed Articulation Sets**

SWRL Speech Articulation Kits

American Book Company
300 Pike St.
Cincinnati, Ohio 45202

Articulation Modification Programs

C. C. Publications Inc.
P. O. Box 372
Gladstone, Ore. 97027

S-Pack

Ideas
P. O. Box 741
Tempe, Ariz. 85281

Universal Articulation Program

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

**Articulation Workbooks/Spirit Master Sets**

Star Trails
Assist One and Assist Two

Communication Skill Builders
817 E. Boardway
P. O. 42050-E
Tucson, Ariz. 85733

The Big Book of Sounds

The Interstate Printers and Publishers, Inc.
Danville, Ill. 61832

Spirit Master Speech Therapy Workbooks

Modern Education Corp.
P. O. Box 721
Tulsa, Okla. 74101

*Articulation Therapy Texts*
Also see "Professional Reference List for Speech-Language Pathologists" included in this chapter.

*Articulation Therapy and Consonant Drill Book*
by S. Goda

Grune and Stratton
111 Fifth Ave.
New York, N.Y. 10003

*Correction of Defective Consonant Sounds*
by E. M. Nemoy and S. F. Davis

Expression Co.
155 Columbus Ave.
Boston, Mass. 02116

**Language Therapy Programs/Kits**

Boehm Resource Guide for Basic Concept Teaching

The Psychological Corporation
757 Third Ave.
New York, N. Y. 10017

Distar Language I, II, III

Science Research Assoc., Inc.
259 E. Erie St.
Chicago, Ill. 60611

Target on Language

Christ Church Child Center
8011 Old Georgetown Rd.
Bethesda, Md. 20014

Developmental Syntax Program

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Folkes Sentence Builder

Teaching Resources Corporation
50 Pond Park Rd.
Hingham, Mass. 02043

Peabody Language Development Kits

Peabody Early Experiences

American Guidance Service
Publishers' Bldg.
Circle Pines, Minn. 55014

**Language Stimulation Materials**

Language Big Box

Developmental Learning Materials
7440 Natchez Ave.
Niles, Ill. 60648

Visually Cued Language Cards

Consulting Psychologists Press
577 College Ave.
Palo Alto, Calif. 94306

Expression Puppet

Incentives for Learning
600 W. Van Buren
Chicago, Ill. 60607

Language Association Boards,
What's Funny Cards
Cognitive Development Workbooks
Conversational Stimulation Cards
Photo Resource Kit

Modern Education Corporation
P. O. Box 721
Tulsa, Okla. 74101

Sequence Pictures for Story-Telling

Whitehaven Publishing Co.
Box 2
New Richmond, Wisc. 54017

Sequence Picture Cards
People, Places and Things
Alike Because

Teaching Resource Corp.
50 Pond Park Rd.
Hingham, Mass. 02043

*Language Therapy Texts*
Also see "Professional Reference List for Speech-Language Pathologists" included in this chapter.

*Language-Handbook: Concepts, Assessment, Intervention*
by J. R. Muma

Prentice-Hall, Inc.
Dept. J-706
Englewood Cliffs, N.J. 07632

*Language Disabilities in Children and Adolescents*
by E. Wiig and E. Semel
and *Language Assessment and Intervention for the Learning Disabled*
by E. Wiig and E. Semel

Charles E. Merrill
Dept. AS
1300 Creek Dr.
Columbus, Ohio 43216

**Additional Equipment**

Phonic Mirror/Phonic Ear
H. C. Electronics, Inc.
P. O. Box 33341
Decatur, Ga. 30033

Language Master
Calhoun Co.
6000 Peachtree Rd., N.E.
Atlanta, Ga. 30341

# Chapter VI
# Program Evaluation

Program evaluation is useful for determining areas of program strength and weakness. A comprehensive program evaluation will provide helpful information for administrators, teachers, supportive personnel and parents.

Feedback from a variety of personnel, including administrators, teachers, therapists, parents and other staff members, should be an integral part of the evaluation process. The team approach should provide relevant information concerning the effectiveness of general program goals, efficiency in providing comprehensive services and suggestions for improving the program.

The following program evaluation checklist suggests areas that should be considered.

PROGRAM EVALUATION CHECKLIST: SPEECH AND LANGUAGE IMPAIRED

| | All Yes | Some | None No | Unknown NA | Comments |
|---|---|---|---|---|---|
| ***Eligibility*** | | | | | |
| Children are of legal school age. | | | | | |
| All children are placed on basis of comprehensive evaluation by speech and language pathologist. | | | | | |
| Students with voice quality disorders have received an evaluation by an otolaryngologist (or other physician). See *Program for Exceptional Children Regulations and Procedures.* | | | | | |
| Amount of direct services is commensurate with severity of problem (severe—minimum of nine hours per school month; moderate—minimum five hours per school month; mild—minimum three hours per school month). See *Program for Exceptional Children Regulations and Procedures.* | | | | | |
| Written entrance and exit criteria are clearly delineated. | | | | | |
| ***Due Process Procedures Followed*** | | | | | |
| Hearing/vision screening prior to evaluation | | | | | |
| Comprehensive evaluation (see "Suggested Outline for Comprehensive Speech-Language Evaluation" in Appendix I) | | | | | |
| Parental involvement in IEP and placement or attempts to involve are documented. | | | | | |
| IEP is complete; only one IEP, reflecting all services, per student. | | | | | |

| | All Yes | Some | None No | Unknown NA | Comments |
|---|---|---|---|---|---|
| Placement committee meeting minutes are kept. | | | | | |
| Due process forms (all necessary forms are filed and forms have all necessary statements) | | | | | |
| Annual review of IEP | | | | | |
| Confidentiality procedures are adequate. | | | | | |
| ***Comprehensive Program and Services*** A comprehensive program of speech-language therapy services is available at the elementary, middle and high school level (grades K-12) | | | | | |
| Referral system clearly explained to classroom teachers and other special education teachers. | | | | | |
| Early intervention programs for pre-schoolers are planned and/or implemented. | | | | | |
| Recommend **approximately** one SLP per 1000 enrollment (excellent) or one SLP per 1500 enrollment (adequate) | | | | | |
| 3.5% or more of total school population identified as speech-language impaired* | | | | | |
| ***Program Management*** Caseload within state recommended maximums (severe—20; moderate—40; mild—60; no caseload over 60) see *Program for Exceptional Children Regulations and Procedures.* | | | | | |
| Adequate time allowed for teacher consultation and diagnostic evaluations (suggested equivalent of one-half day per week) | | | | | |
| Indirect services (e.g., in-service, demonstration teaching) provided: Maximum of 10 hours/school month recommended. See *Program for Exceptional Children Regulations and Procedures.* | | | | | |

| | All Yes | Some | None No | Unknown NA | Comments |
|---|---|---|---|---|---|
| Adequate staff development/in-service program. | | | | | |
| Program is adequately supervised** | | | | | |
| All speech-language pathologists employed hold valid Georgia teaching certificates | | | | | |
| A recordkeeping system is established and maintained | | | | | |
| ***Facilities, Equipment and Materials*** | | | | | |
| Facilities adequate for nature of program*** | | | | | |
| There are adequate materials and equipment appropriate for the age and handicaps of the students in the classes.**** • Instructional • Diagnostic | | | | | |
| ***Instructional Programs*** | | | | | |
| Programs for children in the category of speech-language impaired are planned through • stated educational therapeutic objectives which are detailed in the student's individual educational plan. | | | | | |
| • speech-language pathologists incorporate assessment information and instructional data in their instructional planning. | | | | | |
| • daily records of student progress through therapy plans or logs maintained by the speech-language pathologist. | | | | | |

*Prevalence estimates of children in other categories of handicaps requiring direct clinical assistance by speech-language pathologists: a. 25 percent of EMR students require direct speech-language services; b. 40 percent of TMR students require direct speech-language services; c. 25 percent of SLD students require direct speech-language services; d. 60 percent of hard of hearing students require direct speech-language services; e. 100 percent deaf student population requires direct speech-language services; f. 12 percent of emotionally disturbed students require direct speech-language services; g. 40 percent of physically handicapped require direct speech-language services.

**For a program of less than 20 SLPs a staff member is assigned coordination/supervision duties on at least a part-time basis. For a program of 20 SLPs or more a full-time coordinator/supervisor is assigned. For a program of 40 or more SLPs, a full-time administrator is employed and supervisors are assigned for at least every 20 SLPs.

***Small resource room (approximately 200 square feet); quiet; adequate secure storage; table and six chairs of appropriate size; easily accessible; outlet; adequate hearing, lighting and ventilation.

****See "Budget Outline for Speech-Language Pathology Programs" in Chapter V. a. Instructional: sufficient kits or other items for therapy. Annual budget for ordering new materials. b. Diagnostic: tests or assessment scales for 1. articulation; 2. language; 3. stuttering; 4. voice; in the area of **language** several test instruments should be available.

# Chapter VII
# Additional Resources

**Directories**

"Directory of Services for the Deaf People of Georgia" published by the Georgia Interagency Council on Deafness. Available from Director of Services for the Deaf, Box 395, Cave Spring, Georgia 30124.

"Membership Directory" published by the Georgia Speech and Hearing Association, available from GSHA, P. O. Box 42318, Atlanta, Georgia 30311.

"Directory of Resources for Speech, Hearing, and Vision Services in Georgia," published by Maternal and Child Health Unit, Department of Human Resources, Room 365-S, 47 Trinity Avenue, Atlanta, Georgia 30334 (404) 656-4830.

**Professional Organizations**

It is important that all professional personnel continue their education through in-service education, publications and program development. The following professional organizations provide many of these services.

***American Speech and Hearing Association*** Information relative to membership and ASHA certification can be obtained by contacting American Speech and Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852, (301) 897-5700. SLPs who hold the bachelor's degree may join the ASHA journal group.

***National Association of Hearing and Speech Agencies*** Located at 919 18th Street, N.W., Washington, D.C., this organization has almost 200 member organizations in the United States interested in communication for handicaps affiliated with it. Many local and state hearing centers and university clinics are affiliated. Individuals may now obtain membership.

***Council for Exceptional Children, Membership/Subscription Services Unit*** The Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22901. Many children with speech and language problems have other difficulties. This organization and its state and local chapters attempt to keep members informed of basic trends, issues and research in all areas of exceptionality.

***Georgia Speech and Hearing Association*** Information concerning membership may be obtained by contacting GSHA, P. O. Box 42318, Atlanta, Georgia 30311. A newsletter is published and a conference is held annually.

***General local sources*** Speech-language pathologists should not overlook the many local groups interested in promoting child welfare. Some of these organizations have special funds which can be used to assist handicapped children. Although these groups and their potential services vary throughout the state, each community has a health department and a Department of Family and Children's Services. Many have mental health clinics and hearing and speech centers in addition to interested civic associations.

**State and Community Resources**

Georgia Department of Education
Program for Exceptional Children
State Office Building
Atlanta, Ga. 30334
9404) 656-6317
Contact:
Consultant, Speech and Language Impaired
Consultant, Audiology and Hearing Impaired

Georgia Learning Resources System (GLRS)
Georgia Department of Education
Program for Exceptional Children
State Office Building
Atlanta, Ga. 30334
(404) 656-2425

(Chapter VIII of this manual provides information on services available through GLRS.)

75

Georgia Library Information

Division of Public Library Services
Georgia Department of Education
156 Trinity Ave. SW
Atlanta, Ga. 30303

Certification

Teacher Certification Services
Georgia Department of Education
State Office Building
Atlanta, Ga. 30334
(404) 656-2406

Licensure

Board of Examiners for Speech Pathology and Audiology
166 Pryor St. SW
Atlanta, Ga. 30303
(404) 656-6719

Georgia Center for the Multihandicapped
1815 Ponce de Leon Ave. NE
Atlanta, Ga. 30307
(404) 378-5433
Contact: Stephanie Dirst, Director

Provides medical, educational and psychological assessments and specific recommendations for the handicapped. Serves children ages two through 18 years suspected of having more than one handicap. Contact the local GLRS for referral information.

TIE LINE Information and Referral System
Office of Consumer Affairs
618 Ponce de Leon Ave. NE
Atlanta, Ga. 30308
1-800-282-4900

Adult Health Services
Department of Human Resources
618 Ponce de Leon Ave.
Atlanta, Ga. 30308
(404) 894-5804

Child and Maternal Health Unit
Department of Human Resources
Room 364-S
47 Trinity Ave.
Atlanta, Ga. 30334
9404) 656-4830

**Georgia Colleges and Universities**

University of Georgia
Speech and Hearing Clinic
College of Education - Program for Exceptional Children
Aderhold Hall
Athens, Ga. 30602
Contact: W. Scott Curtis
Phone: (404) 542-1685

Offers B.S., M.Ed., Ed.S., in Speech Pathology or Audiology and Ed.D. in Speech Pathology and Audiology and in Education of Hearing Impaired

Georgia State University
Special Education Department
Speech Pathology
University Plaza
Atlanta, Ga. 30303
Contact: Forrest Umberger
(404) 658-2310

Offers M.Ed. in Speech Pathology

Emory University
Department of Communicative Disorders
Drawer WW
2040 Ridgewood
Atlanta, Ga. 30322
Contact: Jim Graham
Phone: (404) 329-7790

Offers M.S. in Speech Pathology or Audiology

Columbus College
Speech Pathology
Special Education Department
Columbus, Ga. 31907
Contact: Tom Wentland
Phone: (404) 568-2251

Offers B.A. in Speech Pathology

# Chapter VIII
# State Schools, Centers for Severely Emotionally Disturbed and Georgia Learning Resources System

**State Schools**

There are three state operated schools for exceptional children. They are the Georgia School for the Deaf, located in Cave Spring, Georgia, the Georgia Academy for the Blind located in Macon, Georgia and the Atlanta Area School for the Deaf located in Clarkston, Georgia.

The Georgia School for the Deaf is a residential program serving deaf children kindergarten through twelfth grade. For further information and application procedures call (404) 777-3310 or write

Superintendent
Georgia School for the Deaf
P. O. Box 98
Cave Spring, Georgia 30124

The Georgia Academy for the Blind consist of two campuses. The Vineville Campus is a residential setting serving visually impaired children grades kindergarten through twelfth.

The Shurling Campus is a residential setting for multiply handicapped ages five to 21. For further information regarding either campus call (404) 744-6083 or write

Superintendent
Georgia Academy for the Blind
2895 Vineville Avenue
Macon, Georgia 31204

The Atlanta Area School for the Deaf is a day program serving the Metro-Atlanta area. Currently pre-school through tenth grade children are being served. For information on the Atlanta Area School for the Deaf call (404) 656-7077 or write

Superintendent
Atlanta Area School for the Deaf
890 N. Indian Creek Drive
Clarkston, Georgia 30021

The State Schools are administered by the Office of State Schools and Special Services, Mr. Peyton Williams, Jr., Associate Superintendent.

**Centers for Severely Emotionally Disturbed (Psychoeducational Center Network)**

The SED centers are multi-district programs designed to serve a low incidence population. The projected population for SED is one-half percent (.005%) of the population, age zero to 16. There are currently 24 centers, each with satellite services, providing non-residential, community-based services including diagnostic education, psychological and psychiatric assessment; remedial services such as special education classes, individual and/or group therapy and parent services.

Each center is responsible for serving children, ages zero through 16, who are severely emotionally disturbed or behaviorally disordered. The major admission requirement will be the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or community. Children who are mild to moderate behavior problem or discipline problems are not eligible. These children are characterized by

- severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions,
- severe behavioral disorders such as, but not limited to, neurological impairment, cultural deprivation and developmental,
- severe school-related maladjustment such as, but not limited to, behavior, socialization communication and academic skills.

At all centers, referrals will be accepted from, but not limited to, early childhood programs, private day care programs, community service centers, well baby clinics, kindergartens, public schools, parents, and other child-serving agencies and physicians.

For additional information, contact the State Coordinator, Centers for Severely Emotionally Disturbed, Georgia Department of Education, State Office Building, Atlanta, Georgia 30334 or call (404) 656-2425.

**Georgia Learning Resources System**

What services does GLRS provide?

- GLRS maintains an instructional materials center where special educators can preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and child use instructional materials. Materials are loaned on a short-term basis to provide educational intervention for particular children, to be used by teachers for trial or preview or to help facilitate selection and purchase decisions.
- GLRS provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.
- GLRS maintains a video-tape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual previewing.
- GLRS sponsors various special projects to introduce innovative ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Computer-Based Resource Units (CBRU), Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the Master-Teacher Model are some of the educational innovations which GLRS has introduced to Georgia educators.
- GLRS acts as an information interchange network. Information is disseminated to special educators about the various areas of exceptionality, about programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.
- GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.

# Chapter IX
# Appendices

# Appendix A
# Sample Forms, Records and Reports for Speech-Language Pathology Programs

# 1. Sample Program Management Forms

SAMPLE

**Speech-Language Therapy Referral Form**

TO: Classroom Teachers, Principals, and Other Pertinent Specialists

FROM: Speech-Language Pathologist

_____ School

Please read the following questions. If your answer is "yes" to one or more, contact the speech-language pathologist assigned to your school or call the Communication Department for further details in regard to an evaluation.

1. Do you have a child in your classroom or know of a child who has a language problem (limited vocabulary, poor grammar, has difficulty expressing ideas, or uses very short sentences?)

2. Do you have a child in your classroom or know of a child who has a speech problem so severe that you and others have trouble understanding what she or he says (repeats, substitutes, or distorts many sounds; has poor voice quality?)

3. Do you have a child in your classroom or know of a child who has trouble remembering simple things from moment to moment and day to day (cannot recite short poems or nursery rhymes, forgets simple instructions or cannot tell simple experiences in an understandable way)?

4. Do you have a child in your classroom or know of a child who appears to be clumsy (poor general coordination, and/or poor copying or drawing skills)?

5. Do you have a child in your classroom or know of a child who appears to have a hearing loss?

---

**Child's Name** **School** **Grade** **Room**

83

SAMPLE

## SPEECH-LANGUAGE REFERRAL

STUDENT _____ TEACHER _____

SCHOOL _____

Date _____ Grade _____

Date of Birth _____ Age _____

PLEASE CHECK ONE OR MORE OF THESE ITEMS TO INDICATE NATURE OF PROBLEM.

____ Articulation (speech is not understandable or certain sound or sounds not clear or correct)

____ Language (lack of understanding and expression)

____ Voice (unclear, hoarse, strained or abnormal pitch, nasal or denasal)

____ Stuttering

RATING OF SEVERITY OF PROBLEM: Severe _____ Moderate _____ Mild _____

Has child been seen by any other specialists? SLD, EMH, Guidance, etc. No _____ Yes _____. If yes, list them.

_____

_____

_____

Is there anything unusual about this student that may cause me difficulties in testing this child? No ____ Yes ____.
If yes, please explain. _____

_____

Is this child an underachiever? No _____ Yes _____. If yes, list all areas in which she or he is below average:

_____

_____

Does this child communicate effectively with her or his peers as well as with the teacher? Yes _____ No _____.
If no, please explain: _____

_____

_____

Has child been in speech therapy before? Yes _____ No _____. If yes, when and where did the student attend speech classes? _____

_____

ADDITIONAL COMMENTS: _____

_____

_____

_____

SAMPLE

## MASTER SCREENING LIST

SCHOOL _____ YEAR _____

TEACHER _____ GRADE _____

| Name | Pass | Recheck | Fail | Recommendations (Therapy, Waiting List, etc.) | Disposition | Type of Disorder or Comments (Defective Sounds, etc.) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

85

MASTER CASE LOAD LIST

E = Enroll D = Dismissed M = Moved Dr = Dropped

SCHOOL: _____ YEAR: _____ SLP: _____

| STUDENT | IEP | SEPT. | | | | OCT. | | | | NOV. | | | | DEC. | | | | JAN. | | | | FEB. | | | | MARCH | | | | APRIL | | | | MAY | | | | JUNE | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr | E | D | M | Dr |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month

Special Education Area

School

System

ATTENDANCE REPORT

| Student | Spec. Educ. Serv. | Age | Grade | Date Entered | Date Withdrawn | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | | |
| 21. | | | | | | | | | | | | | | |
| 22. | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | |

GWINNETT COUNTY BOARD OF EDUCATION
PROGRAM FOR EXCEPTIONAL CHILDREN
SPEECH-LANGUAGE THERAPY SCHEDULE

School _____ Therapist _____ Date _____

Day _____

| Student | Grade | Type Problem | Teacher | Time Day |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# 2. Sample Forms for Individual Student Folders

THE SCHOOL BOARD OF POLK COUNTY, **FLORIDA**
COMMUNICATION DISORDERS IDENTIFICATION FORM

Date _____

Name _____ D.O.B. _____ Age _____ School _____ Grade _____

Date Evaluated _____ Hearing: Tested: **Pass/Fail** Not Tested: _____

Parent's Name _____ Address _____ Phone _____

Parent permission on file: **Yes/No**

## EVALUATION RESULTS

_____ 1. No need for speech therapy due to adequate speech.

_____ 2. No need for speech therapy at this time due to development of speech within normal growth patterns. Place on waiting list to be reevaluated later.

_____ 3. Speech defects listed below are in need of therapy when time is available.

_____ 4. Other _____

## TYPES OF SPEECH PROBLEMS IDENTIFIED

I. Articulation Development (errors circled)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| P | T | S | L | W | H | Vowels | Other: |
| B | D | Z | R | S Blends | F | | |
| M | K | Sh | Th | R Blends | J | | |
| N | G | Ch | V | L Blends | Y | | |

II. Language Development:

| | Receptive | Expressive | |
|---|---|---|---|
| Lexology | _____ | _____ | (vocabulary) |
| Morphology | _____ | _____ | (rules of grammar, plurals, tense changes, etc.) |
| Semology | _____ | _____ | (constructing sentences) |
| Tactology | _____ | _____ | (core meaning of words, semantics) |

III. Rate and Rhythm

1. Adequate
2. Fast rate of speech that is slurred and cluttered: Some Often Mostly
3. Mild dysfluency with calm repetitions without tenseness nor self-reflexiveness. Usually occurs during key speaking situations such as getting teacher's attention or asking or answering questions.
4. Moderate stuttering, with hesitations and repetitions with some tenseness related and some self-embarrassment.
5. Severe stuttering pattern with consistent inappropriate hesitations with tension, uncontrollable lengthy repetitions and blocking.

IV. Voice Quality:

1. Adequate
2. In need of periodic recheck (nasality, hoarseness, loudness, other)
3. Referral for medical evaluation in connection with voice deviation.

V. Other

Evaluator _____
Speech Clinician

I certify that the above student has met all criteria for placement in the Communication Disorders program.

Staffing Committee: _____ _____
Signature Signature

GWINNETT COUNTY SCHOOLS
SPEECH AND LANGUAGE EVALUATION

Student Name _____ Date Tested _____

Birthdate _____ Age ____ School _____ Grade _____

I. Referred by _____ Date _____

II. Permission to Evaluate: Date Signed _____

III. **Sensory Screening**

Vision Screening Date _____ Pass _____ Fail _____ Retest _____
Hearing Screening Date _____ Pass _____ Fail _____ Retest _____

IV. **Evaluation Results**

1. Oral-Peripheral Examination Adequate _____ Inadequate _____

   Comments _____

2. Articulation

   Test Administered _____

   Error Sounds Noted _____

   Intelligibility Rating Good _____ Fair _____ Poor _____

   Stimulability (List stimulible sounds)

   Severity Rating Mild _____ Moderate _____ Severe _____

3. Language

   a. General Overview

      Test Administered _____ Score _____

      Comments _____

   b. Expressive Language

      Test Administered _____ Score _____

      Comments _____

c. Receptive Language

Test Administered _____ Score _____

Comments _____

_____

_____

d. Severity Rating Mild _____ Moderate _____ Severe _____

4. Voice

No problem noted _____ Nasal _____

Hoarse _____ Denasal _____

Strident _____ Breathy _____

ENT Evaluation Dr.'s Name _____ Date _____

Severity Rating Mild _____ Moderate _____ Severe _____

5. Fluency

Fluent _____

Riley *Stuttering Severity Instrument*

Total Score _____ Percentile _____

Severity Rating Mild _____ Moderate _____ Severe _____

V. **Observations During Testing**

_____

_____

_____

_____

_____

VI. **Specific Recommendations and Rationale**

_____

_____

_____

_____

VII. Date of Placement or Annual Review _____

VIII. Speech and Language Pathologist _____

IX. **The Results of This Evaluation Must Be Discussed With The Student's Parents or Guardian Within 30 Days of Completion.**

93

DEKALB COUNTY DEPARTMENT OF INSTRUCTION
PROGRAM FOR EXCEPTIONAL CHILDREN
SPEECH THERAPY

CASE HISTORY

The following information will be helpful in planning your child's therapy program. This form will not take the place of personal conferences. The information will be kept confidential. Please call if you have any questions.

_____
Speech Therapist

## MEDICAL HISTORY

Was pregnancy and/or delivery normal? Yes ____ No ____ If no, explain _____

_____

Has your child had any of the following?

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Tonsilitis | ____ | ____ | Allergy | ____ | ____ |
| Dental problems | ____ | ____ | High fever | ____ | ____ |
| Ear infections | ____ | ____ | Other | ____ | ____ |

Is your child taking medication? Yes ____ No ____ What kind? _____
Has your child had any operations? Yes ____ No ____ What kind? _____ When _____
Has your child had any serious accidents? Yes ____ No ____ Explain _____
_____ When _____

## DEVELOPMENTAL HISTORY

Did crawling, sitting, walking, etc. develop at a normal age? Yes ____ No ____ Explain _____

_____

Did speech and language develop at a normal age? Yes ____ No ____ Explain _____

_____

## FAMILY HISTORY

Father's occupation _____ Education _____
Mother's occupation _____ Education _____
Number of brothers _____ Ages _____ Number of sisters _____ Ages _____

## SPEECH AND LANGUAGE HISTORY

Are any other languages spoken in the home? Yes ____ No ____ If yes, what languages? _____

_____

Does anyone else in your family have any kind of speech problem? _____
Mother _____ Father _____ Sisters _____ Brothers _____

Has your child been evaluated or had any kind of speech therapy before this? Yes ____ No ____ If yes, when, where, and how long? _____

_____

When did you suspect your child might have a speech problem? _____

_____

Do you think your child's speech difficulty is: Mild _____ Moderate _____ Severe _____

Please give a brief but specific description of your child's speech. _____

_____

_____

GWINNETT COUNTY BOARD OF EDUCATION
PROGRAM FOR EXCEPTIONAL CHILDREN
SPEECH-LANGUAGE THERAPY

MEDICAL REFERRAL

TO: _____

FROM: _____
(Therapist)

REFERENCE: _____ BIRTHDAY _____

SCHOOL: _____ TEACHER _____ LEVEL _____

REASON FOR REFERRAL: _____

_____

_____

_____

_____

_____

_____

_____ _____
(Principal) (Speech Therapist)

_____ _____
(Date) (Date)

_____
(Parent)

_____
(Date)

Please return to the therapist at your earliest convenience

PHYSICIAN'S PERTINENT FINDINGS: _____

_____

_____

_____

_____

RECOMMENDATION: _____ _____

_____

_____ M.D.

_____ Date

SAMPLE

MEDICAL REFERRAL FORM*

To: _____

From: _____, Speech-Language Pathologist

The Special Education Department of the _____ School System has referred _____ (Birthdate) _____ for an indirect laryngeal examination. Please review the enclosed report and indicate your findings on the "Report of Medical Evaluation" form. The information that you provide will assist us in determining an appropriate speech therapy program.

The School System will be responsible for payment for the **initial** examination. Please send the bill and a copy of the report to:

Thank you for your assistance.

Approved by:

_____
Special Education Director

*Adopted from Cobb County Schools, Special Education Department.

PHYSICIAN'S REPORT FOR SPEECH PATHOLOGISTS ON LARYNGEAL EXAMINATION

Name _____ Age _____

Date of Examination _____ Physician _____

Patient's Complaint _____

Results of Laryngeal Examination:

**General Size of Larynx:**

Normal _____

Larger than normal _____

Smaller than normal _____

**Appearance of Vocal Cords:**

Thickened _____

Edematous _____

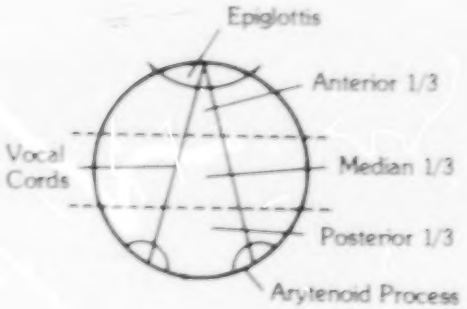
Inflamed _____

Infected _____

Malformed _____

Other _____

Presence of Vocal Pathology — Circle One: Nodules · Polyps · Ulcer · Other _____
(Indicate on Diagram)




Size _____

Location _____

Appearance: Hard _____ Soft _____ Other _____

**Function of Cords (on phonation)**

Symetrical _____

Bowing _____

Dev. from Midline _____

Attack:

Normal _____

Hard _____

Incomplete _____

Approximation:

Complete _____

Partial _____

Previous Treatment:

Present Treatment:

Comments or Recommendations:

97

Reference: Kelsey-Seybold Clinic, Houston, Texas

GWINNETT COUNTY SCHOOLS
SPEECH AND LANGUAGE THERAPY DEPARTMENT

**Oral-Peripheral Examination**

This oral-peripheral examination form can be used in two ways

1. As a screening instrument (top half of page one)
2. As an indepth evaluation guide for those areas that were checked "failed" during screening.

SCREENING

| Examination of Muscular Control for Speech | ☐ Pass | ☐ Fail |
|---|---|---|
| Lips | ☐ Pass | ☐ Fail |
| Teeth | ☐ Pass | ☐ Fail |
| Tongue | ☐ Pass | ☐ Fail |
| Hard Palate | ☐ Pass | ☐ Fail |
| Velopharyngeal Mechanism | ☐ Pass | ☐ Fail |
| Tonsils | ☐ Pass | ☐ Fail |
| Nasal Cavities | ☐ Pass | ☐ Fail |
| Breathing Mechanism | ☐ Pass | ☐ Fail |
| Diadochokinetic Rate | ☐ Pass | ☐ Fail |

IN DEPTH EVALUATION

1. Examination of Muscular Control for Speech
   a. Sustaining steady exhalation (10 sec.) ____ yes ____ no
   b. Sustaining steady phonation (10 sec.) ____ yes ____ no
   c. Opening and closing mouth, mandible and lips moving together (10 times in 10 sec.) ____ yes ____ no
   d. Opening and closing lips, teeth together (10 times in 10 sec.) ____ yes ____ no
   e. Raising tongue tip to gum ridge, mandible stabilized (10 times in 10 sec.) ____ yes ____ no
   f. Moving tongue tip from corner to corner of mouth (10 times in 10 sec.) ____ yes ____ no
   g. Extending corners of lips from rounded position, teeth together (5 times in 10 sec.) ____ yes ____ no
   h. Peristaltic activity of tongue-propelling foods and fluids posteriorly and swallowing. Rate as:
      ____ Good ____ Fair ____ Poor

2. Lips
   a. Structure
      Touch when upper and lower teeth are in contact ____ yes ____ no
      Upper lip length ____ normal ____ somewhat short ____ markedly short
   b. Function
      Can protrude ____ yes ____ no
      Can retract unilaterally, left ____ yes ____ no right ____ yes ____ no
      Equal retraction bilaterally ____ yes ____ no
      Number of times can say (pʌ) in 5 sec. Trial 1 ____ Trial 2 ____
      (anything less than 3.0 (pʌ) sounds per sec. is below average.

3. Teeth
   a. Structure
      Occlusion normal _____
      Neutroclusion _____
      Distoclusion _____
      Mesioclusion _____
   b. Vertical relationship of incisors
      Normal _____
      Openbite _____
      Closebite _____

4. Tongue
   a. Structure
      Size in relation to dental arches ____ too large ____ appropriate ____ too small
      Symmetrical _____ Asymmetrical _____
   b. Function
      Can curl tongue up and back ____ yes ____ no
      Number of times can touch anterior alveolar ridge with tongue tip without sound in 5 sec.
      ____ Trial 1 ____ Trial 2 ____ Trial 3 Mandibular assist? ____ yes ____ no
      (Less than 3.5 contacts per second is below average. 3.5 to 6.0 contacts per second is average.)
      Number of times can touch the corners of mouth with tongue tip in 5 sec.
      ____ Trial 1 ____ Trial 2 ____ Trial 3 Mandibular assist? ____ yes ____ no
      Number of times can say (t∧) in 5 sec. ____ Trial 1 ____ Trial 2 ____ Trial 3
      (Less than 3 (t∧) sounds per second is below average. From 3.0-5.5 sounds per second is average)
      Restrictiveness of lingual frenum ____ not restrictive ____ somewhat restrictive ____ Markedly restrictive

5. Hard Palate
   a. Structure
      Intactness ____ normal ____ cleft, repaired ____ cleft, unrepaired
      Palatal Contour ____ normal configuration ____ flat contour ____ deep and narrow contour

6. Velopharyngeal Mechanism
   a. Structure
      Soft palate
         Intactness ____ normal ____ cleft, repaired ____ cleft, unrepaired
         ____ Symmetrical ____ Asymmetrical
         Length ____ Satisfactory ____ Short ____ Very Short
      Uvula
         ____ Normal ____ Bifid ____ Deviated from midline to right ____ To left ____ Absent
   b. Function
      Soft Palate
         Movement during prolonged phonation of (a) ____ none ____ some ____ marked
         Number of times can say (k∧) in 5 sec. ____ Trial 1 ____ Trial 2 ____ Trial 3
         (Less than 3.5 (k∧) sounds per second is below average. 3.5-5.5 sounds per second is average)
         ____ Symmetrical ____ Asymmetrical

7. Tonsils
   a. Structure
      ____ enlarged ____ normal ____ atrophied ____ absent

8. Nasal Cavities

a. Structure

Septum ____ normal ____ deviated right ____ deviated left

Nasal obstruction

Right: none ____ some ____ marked ____

Left: none ____ some ____ marked ____

b. Function

Nares constriction during speech ____ none ____ some ____ marked

9. Breathing Mechanism

a. Function

Inhalation

____ deep and inaudible ____ shallow ____ deep and audible

Breathing movements ____ rhythmical ____ jerky

Heaving of shoulders during speaking ____ none ____ some ____ marked

Number of seconds can prolong ( ) following deep inhalation: ____ Trial 1 ____ Trial 2 ____ Trial 3

Number of times can say /a/ in 10 sec. on one exhalation ____ Trial 1 ____ Trial 2 ____ Trial 3

10. Diadochokinetic Rate

Number of times can say (pʌ tə kʌ) in 5 sec. ____ Trial 1 ____ Trial 2 ____ Trial 3

(Less than 1.0 (pʌ tə kʌ) per second is below average. From 1.0 to 1.75 per second is average.)

COMMENTS

SERVICES FOR EXCEPTIONAL CHILDREN
FULTON COUNTY SCHOOLS
SPEECH AND LANGUAGE PROGRAM

SCREENING ORAL EXAMINATION

Name _____ Date _____

School _____

I. **LIPS**
   A. Protrude - (u)
   B. Retract - (i)

II. **TONGUE**
   A. Protrude -
   B. Life -
   C. Lower -
   D. Side to side -
   E. Evidence of thrust -

III. **TEETH**
   A. Normal -
   B. Openbite -
   C. Crossbite -
   D. Mesioclusion - (lower jaw too far forward)
   E. Distoclusion - (lower jaw too far back)

IV. **HARD PALATE**
   A. Normal -
   B. Flat -
   C. Deep/narrow -
   D. Cleft -

V. **SOFT PALATE**
   A. Movement during phonation of (a) -
   B. Length -
   C. Cleft -

VI. **TONSILS**
   A. Normal -
   B. Enlarged -
   C. Absent -

VII. **OTHER**
   A. Evidence of motor apraxia -
   B. Evidence of dysarthria -

Student _____

School _____

Teacher _____ Date _____

SLP _____

SAMPLE

VOICE PROFILE

I. Description

QUALITY

☐ Normal
____ Strident
____ Hoarse
  ____ hard attacks, breaks
  ____ cannot sustain clear phonation
____ Breathy
  ____ breathy phonation
  ____ whisper
  ____ cannot phonate

NASALITY

☐ Normal
____ Denasal
____ Nasal
  ____ assimilation
  ____ vowels (all)
  ____ all sounds
  ____ nasal emission

LOUDNESS

☐ Normal
____ Loud
  ____ acceptible
  ____ too loud
____ Soft
  ____ acceptible
  ____ too soft

PITCH

☐ Normal
____ High
  ____ acceptible
  ____ socially unacceptible
____ Low
  ____ acceptible
  ____ socially unacceptible

PROSODY

☐ Normal
____ Monotone
____ Too much Variation
____ Unusual or Stilted

II. Can appropriate voice be obtained in any context?

III. Are there any possibly related conditions (colds history, allergies, physical anomalies, intelligence, hearing, etc.)? Explain.

IV. Velopharyngeal Function and Structure

Hard palate ____ Soft palate ____ Pharynx ____

V. Recommendations

____ Therapy
____ Refer ____ ENT ____ Hearing ____ Psychometric ____ Other _____
____ Retest in _____
(time period)

VI. Do any of the above voice features appear to relate to another
(Example: high pitch and stridency; low pitch and hoarseness; pitch and softness)?

SERVICES FOR EXCEPTIONAL CHILDREN
FULTON COUNTY SCHOOLS
SPEECH AND LANGUAGE PROGRAM

Name _____ Date _____

Age _____ Therapist _____

School _____

## I. VOICE PROBLEM

Breathiness ____ Harshness ____ Hoarseness ____ Hypernasality ____

Hyponasality ____ Volume ____ Pitch ____

## II. HISTORY OF VOICE PROBLEM

A. Onset -

B. Duration -

C. Vocal misuse -

D. Loss of voice -

E. Conditions influencing variations in severity -

F. Previous voice therapy -

G. Incidence of voice problem in family -

## III. MEDICAL HISTORY

| | | |
|---|---|---|
| Allergies | Yes ____ | No ____ |
| Mouth breathing | Yes ____ | No ____ |
| Chronic colds | Yes ____ | No ____ |
| Chronic rhinitis | Yes ____ | No ____ |
| Chronic laryngitis | Yes ____ | No ____ |
| Ear disease | Yes ____ | No ____ |
| Hearing loss | Yes ____ | No ____ |
| Incoordination of oral mechanisms | Yes ____ | No ____ |
| Physical immaturity | Yes ____ | No ____ |

Other _____

## IV. PHYSICAL VARIABLES OF VOICE PRODUCTION

### A. Respiration

| | | |
|---|---|---|
| Adequate breath supply and control | Yes ____ | No ____ |
| Muscular tension in chest and neck | Yes ____ | No ____ |

### B. Phonation

| | | |
|---|---|---|
| Laryngeal history of growths, inflammations or chronic pain | Yes ____ | No ____ |
| Hard glottal attach | Yes ____ | No ____ |
| Two-toned voice | Yes ____ | No ____ |
| Pitch breaks | Yes ____ | No ____ |
| Tremulous voice | Yes ____ | No ____ |
| Phonation interspersed with whispering | Yes ____ | No ____ |
| Can speaker sing up and down musical scale | Yes ____ | No ____ |
| Can speaker imitate inflectional patterns | Yes ____ | No ____ |

C. **Articulation**

Degree of lip and jaw movement while speaking:
Slight ____ Average ____ Exaggerated ____

Sufficient intraoral pressure when
Nostrils open ____ Nostrils occluded ____

D. **Resonation**

Tonsils Absent ____ Normal ____ Enlarged ____ Inflammed ____
Nasal obstruction Yes ____ No ____

V. **ASSOCIATED VARIABLES OF VOICE PRODUCTION**

Does voice quality change when

| | | |
|---|---|---|
| Pitch lowered | Yes ____ | No ____ |
| Pitch raised | Yes ____ | No ____ |
| Volume increased | Yes ____ | No ____ |
| Volume decreased | Yes ____ | No ____ |
| Speaker is under stress | Yes ____ | No ____ |

## STUTTERING SEVERITY INSTRUMENT

Glyndon D. Riley

Name _____ Birth Date _____

Examined by _____ Sex _____ Date _____

### FREQUENCY (Use A or B, not both)

| A. For readers, Use 1 and 2. 1. Conversation Task Percentage | Task Score | 2. Reading Task Percentage | Task Score | B. For nonreaders Picture Task Percentage | Task Score | |
|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 2 | 1 | 4 | |
| 2-3 | 3 | 2-3 | 3 | 2-3 | 6 | |
| 4 | 4 | 4-5 | 5 | 4 | 8 | Total |
| 5-6 | 5 | 6-9 | 6 | 5-6 | 10 | Frequency |
| 7-9 | 6 | 10-16 | 7 | 7-9 | 12 | Score |
| 10-14 | 7 | 17-26 | 8 | 10-14 | 14 | A1 & 2 |
| 15-28 | 8 | 27 and up | 9 | 15-28 | 16 | or B |
| 29 and up | 9 | | | 29 and up | 18 | _____ |

### DURATION

| Estimated length of three longest blocks | Task Score | |
|---|---|---|
| Fleeting | 1 | Total |
| One half second | 2 | Duration |
| One full second | 3 | Score |
| 2 to 9 seconds | 4 | |
| 10 to 30 seconds (by second hand) | 5 | _____ |
| 30 to 60 seconds | 6 | |
| More than 60 seconds | 7 | _____ |

### PHYSICAL CONCOMITANTS

Evaluating Scale 0=none; 1=not noticeable unless looking for it; 2=barely noticeable; 3=distracting; 4=very distracting; 5=severe and painful looking.

1. Distracting Sounds. Noisy breathing, whistling, sniffing, blowing, clicking sounds ..... 0 1 2 3 4 5
2. Facial grimaces. Jaw jerking, tongue protruding, lip pressing, jaw muscles tense ..... 0 1 2 3 4 5
3. Head movement. Back, forward, turning away, poor eye contact, constant looking around ..... 0 1 2 3 4 5
4. Extremities movement. Arm and hand movements, hands about face, torso movement, leg movements foot tapping or swinging ..... 0 1 2 3 4 5

Total Physical Concomittant Score _____

Total ..... _____

Reference: *Journal of Speech and Hearing Disorders*, Volume 37, page 314-322 (1972)

Percentile and Severity Equivalents of SSI Raw Scores (N = 109)

| Total Score | Percentile | Severity |
|---|---|---|
| 0-5 | 0-4 | Very Mild |
| 6-8 | 5-11 | Mild |
| 9-13 | 12-23 | |
| 14-15 | 24-40 | Mild-Moderate |
| 16-19 | 41-60 | |
| 20-23 | 61-77 | Moderate |
| 24-27 | 78-89 | |
| 28-30 | 90-96 | Severe |
| 31-45 | 97-100 | Very Severe |

DEKALB COUNTY DEPARTMENT OF INSTRUCTION
PROGRAM FOR EXCEPTIONAL CHILDREN
SPEECH THERAPY

## STUTTERING EXAMINATION

Name _____

Date _____

Examiner _____

1. Stuttering Occurred While

   Speaking _____ Reading _____ Counting _____ Reciting _____

2. Pattern of Dysfluency

   1 **Repetitions** Whole word ____ Syllable ____ Vowels ____ Consonants ____

   2 **Blocking** Duration ____

   3 **Prolongations** Vowels ____ Consonants ____ Duration ____

   **Other** Word Substitution ____ Starters ____ Position in words ____

3. Secondary Characteristics

   Avoidance _____
   Movement _____
   Postponement _____
   Release mechanism _____
   Excess Vocalizations _____

   Tension:
   Facial _____
   Neck _____
   Body _____
   Breathing _____
   Rhythm _____
   Eye contact _____

4. Attitude

   What is attitude of parent toward problem?

   What is attitude of teacher toward problem?

   What is attitude of child toward problem?

5. Severity Mild ____ Moderate ____ Severe ____

6. Recommendations and Comments

# 3. Sample Forms for Lesson Plans/Therapy Logs

## Therapy Log Sheet

Name _____ SLP _____

| Date | Activity | Language | Isolation | Syllables | Words | Sentences (modeled) | Sentences (spontaneous) | Reading | Conversation | Total Response | % Correct | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SPEECH AND LANGUAGE THERAPY LESSON PLANS

**Name(s)** **- General Goal(s)**

School _____
Therapist _____
Quarter _____
Days _____
Time _____

| DATE | SESSION OBJECTIVES | PROCEDURES | RESULTS | | COMMENTS |
|---|---|---|---|---|---|
| | | | CORRECT | INCORRECT | |
| | | | | | |

Developed by
DeKalb County Schools
Program for Communicative Disorders

# BEHAVIORAL CHART

Name _____ Teacher _____

School _____

Criterion _____ Presentations _____

Reward _____ Chart number _____

Reward Schedule _____

(5)

(2)

(1) (4)

(3)

Comments

This form is a modification of Leonard LaPointe's *Base Ter. Chart*. It is used with goals that are carried over several sessions. The target (1) items are listed at the left and the dates (2) are entered in the diagonal spaces. At the end of each presentation of ten items, the percent achieved for that day at the bottom of the column (3). Response can be tallied for ten sessions, then each word can be evaluated for the % correct over the ten sessions and recorded (4). The grid (5) can be used to chart improvement.

From: DeKalb County Schools, Program for Communicative Disorders

Sample
Response Chart

Name _____ SLP _____

Phoneme _____ School Year _____

Objective _____

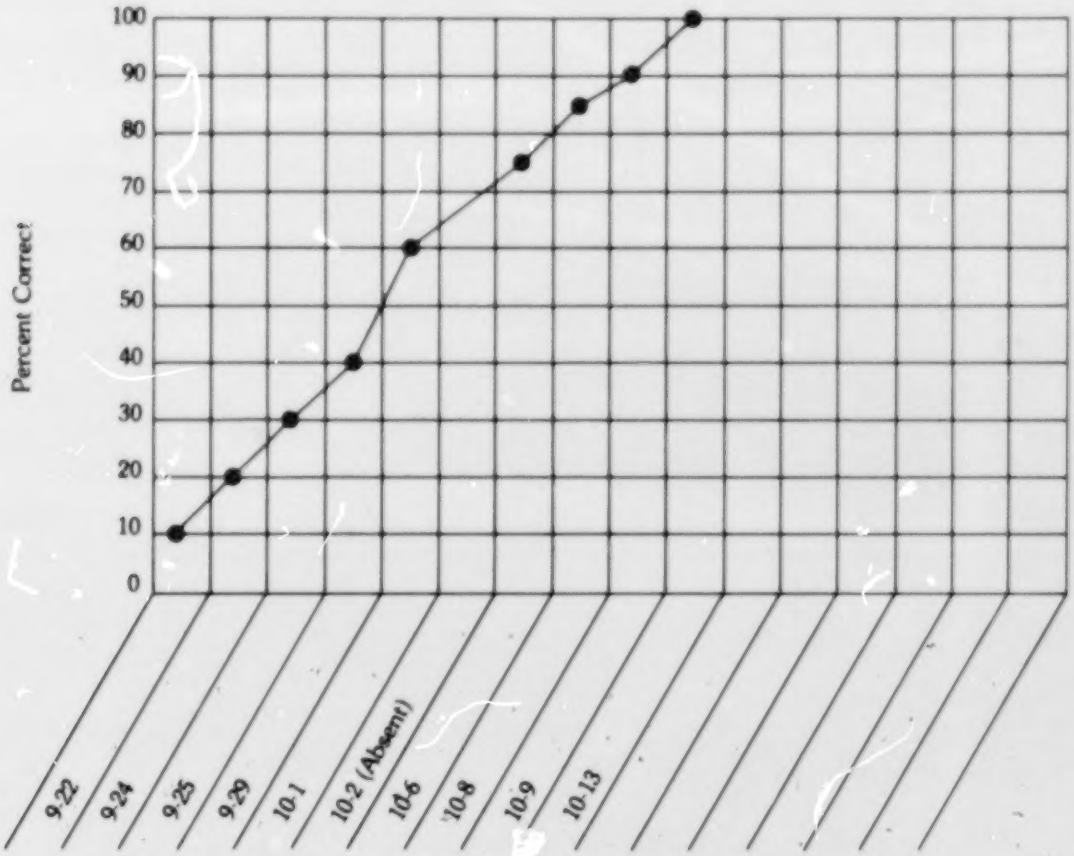
1 = correct – = incorrect ⊖ = self correction + = correct after first cue +✓ = correct after second cue

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Correct No. | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9-22 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

PROGRESS CHART

Name _____ Speech Clinician _____

Phoneme _____ School Year _____




Objective _____ Objective _____ Objective _____

Completed _____ Completed _____ Completed _____

Reference: Ginn, M. E. *Articulation Disorders: A Guide to Program Administration and Case Management for Speech Clinicians in Public Schools.* Columbia, S.C., South Carolina Department of Education (1976).

# Appendix B
# List of Selected Materials/Equipment

## List of Selected Materials/Equipment

| Publisher/Address | Item | Description |
|---|---|---|
| Adapted Learning Materials<br>7811 Westar Village Dr.<br>Richmond, Va. 23228 | "The L Board" | Language Board for nonverbal communication. Wooden frame with four plexiglass windows. |
| American Book Company<br>300 Pike St.<br>Cincinnati, Ohio 45202 | SWRL Speech Articulation Kits<br>One complete kit for each sound. | Programmed materials for articulation modification. Can be used by trained, supervised aide. Includes pre/post test, evacuation procedures, data and record keeping forms, home carryover program, etc. Available for /s/, /th/, /r/, /l/ and several other sounds. |
| American Guidance Services<br>Publishers' Building<br>Circle Pines, Minn. 55014 | Goldman-Lynch Sounds and Symbols Development Kit | 64 lessons program to stimulate production of English speech sounds and promote sound-symbol association. Can be used for speech improvement, early phonics training, and an introduction to reading. Recommended age range: 4½ - 9 years. Some of the materials can be adapted for use in individual articulation and language therapy. |
| | Peabody Articulation Decks | Kit has 400 color picture cards (3 1/16" x 4 1/4"). Cards are grouped in ten decks according to the following target sounds b-m-p, ch-sh, f-v, g-k, l, r, s, th, and l-r-s blends. Target sounds are in initial, medial and final sounds. |
| | Peabody Early Experiences Kit (PEEK) | Kit of lessons and materials to promote the cognitive, affective, and oral language development of prekindergarten children. For three year olds, advanced two year olds, and less mature 4 year olds. |
| | Peabody Language Development Kits Level P (M.A. 3-5 years)<br>Level 1 (M.A. 4½ - 6½ years)<br>Level 2 (M.A. 6-8 years)<br>Level 3 (M.A. 7½ - 9½ years) | Kits of lessons and materials to stimulate oral langauge and intellectual development. Frequently used by classroom teachers. |
| Behavior Research Company<br>Box 3551<br>Kansas City, Kan. 66103 | Wrist counter | Wrist counters are useful in vocal nodule therapy programs. The VARP Program by Johnson uses wrist counters |
| Bertram J. Hilbert<br>3245 Highland St.<br>Allentown, Pa. 18104 | The Count<br>Model A | **Excellent** therapy tool. A behavior modification device that tallies correct and incorrect responses. Red and green reinforcement lights. Optional buzzer. Battery operated. Chart for determining percentiles included. |

| | | |
|---|---|---|
| Book and Supply Store<br>University of Tennessee<br>Knoxville, Tenn. 37916 | An Interdisciplinary Language Intervention Program for the Moderate to Profound Language Retarded Child (2nd Edition). | Interdisciplinary handbook for conducting a preschool program for language retarded children. The tasks included were selected from actual clinical sessions at the University of Tennessee preschool language clinic. |
| C. C. Publications Inc.<br>P. O. Box 372<br>Gladstone, Ore. 97027 | Articulation Modification Programs<br>/r/AMP, /ch/J/AMP, /sh/AMP, /Th/AMP, /1/AMP, /s/z/AMP | Programmed articulation therapy materials. Includes pre/post test, tracking and data collection forms, evocation procedures, carry-over programs, etc. |
| | Patterns | Programmed materials for teaching early developing consonant sound: (pbm), (tdn), (k, g) and (f, v). Includes pre/post test, rate drills, patterned phrases and sentences, carry-over program etc. 272 pages in three-ring vinyl binder. |
| | STEP | Kit designed to teach concepts tested by Boehm Test of Basic Concepts and Test for Auditory Comprehension by Carrow. Designed for one-to-one instruction. Concepts can be taught at concrete or abstract level. Includes tracking and data forms and individual workbooks. |
| | Vocabulary Instructional Programs (VIP)<br>Nouns/Box 1 | An expressive vocabulary program that has flash cards and program manuals. The manuals contain vocabulary survey tests, terminal objectives, pre/post test task sequences, and tracking and data forms. Boxes are available for nouns, verbs, prepositions and pronouns, and adjectives. Could be used by a trained supervised aide. |
| Charles C. Thomas, Publisher<br>301-327 E. Lawrence Ave.<br>Springfield, Ill. 62717 | The Teaching Research Curriculum for Moderately and Severely Handicapped | Program for moderately and severely retarded. Complete set of detailed task analysis. Behavior objectives for self help motor, cognitive, receptive language, expressive language, writing, and reading skills. Includes pre and post-test. |
| Christ Church Child Center<br>8011 Old Georgetown Rd.<br>Bethesda, Md. 20014 | Target on Language Student Workbooks | Book with over 700 activities designed to facilitate language development and improve thinking skills. Activities are classified by curriculum areas and psycholinguistic areas. Includes grammar program. |
| Communication Skill Builders<br>817 E. Broadway<br>P. O. Box 42050-E<br>Tucson, Ariz. 85733 | Assist One and Assist Two | Duplicating masters for home activities. Seven different masters per sound. Each book has twelve separate sounds. |

| | |
|---|---|
| GOAL I | Language development program. Includes 337 model lesson plans (auditory and visual reception, auditory and visual association, verbal and manual expression, auditory and visual closure); picture cards, sets I and II; situation pictures; templates and posters; animal puzzles; patterns and pieces (includes 3 puppets); spin and find games; scenes around us. |
| GOAL II | Language development program for older children who are functioning at a level far below their chronological age. Activities geared to their interest levels. 396 lesson plans divided into same areas as GOAL I. |
| Pictures, Please! | A catalog of pictures. 1,232 illustrations in all. Black and white pictures can be duplicated. Useful for articulation and language therapy. |
| Emerging Language 2 | Paperback book with program of behavioral objectives for language intervention. Covers early states of verbal language development, intermediate stages of verbal language development, basic sentence development, and basic sentence modification. |
| Here's How to Handle /R/ | Programmed articulation therapy kit for use by parents or aides. |
| I Can Tell Board | Display board with three-ring card holders and 117 word and picture cards. Word and picture cards are divided into comparisons, classifications, and simple sentence building skills. |
| Language Visuals | Set of sixty colorful (11" x 14") cards portraying calendar, clothing, seasons, colors, numbers, holidays, etc. |
| Natural Language | Paperback book with suggestions to parents for assisting in three child development areas: language related skills, pre language sensory skills, and language skills. |
| Programmed Articulation Skills Carryover Stories | Stories for frequently misarticulated sounds. Each story is made up of five pictures described by several short sentences. |
| Syntax One | Program for the child with syntactic skills lagging one to five years behind other language skills of vocabulary and overall cognition. The child should be at least five years old and able to attend to a task. Program contains six sturdy colorful, doubled sided syntax wheels, 11 carryover sheets, manual and 25 student workbooks. |

120

| | | |
|---|---|---|
| | Star Trails<br>Complete set<br>Single Workbook | Duplicating masters for articulation remediation of /s/, /r/, and /L/. Includes pre and post tests, short term objectives and record keeping response chart. |
| | Peel and Put | Complete program of 1,000 peel and put pictures, 300 blank flashcards, storage box, etc. |
| Consulting Psychologists Press<br>577 College Ave.<br>Palo Alto, Calif. 94306 | Visually Cued Language Cards<br>Series I - Categories 10 objects<br>Series 2 - Two Element Constructions<br>Series 3 - Three Element Constructions<br>Series 4 - Four Element Constructions | Sets of simple pictorial (5" x 7") representations of basic vocabulary and grammatical forms. Well suited for training after testing with ACLC. |
| Developmental Learning Materials<br>7440 Natchez Ave.<br>Niles, Ill. 60648 | Buzzer Board | |
| | Language Big Box | Contains 24 DLM Products and a file of 170 activity cards that explain how to best utilize the materials. Has antonym cards, buzzer board, puppet, classification cards, and many others. |
| | Make Your Own Flashcards | 500 blank cards (3½" x 2¼") |
| | Blank Playing Cards | Fifty-two blank playing cards - varnished (2¼" x 3½") |
| | Logic Cards | 30 cards designed to stimulate logical thinking and sequencing of events. |
| | Reaction Cards | 24 cards useful in helping students relate to/react to sic different problem situations. Each situation is presented on four cards - one problem card and three possible reaction cards. |
| | Antonym Cards | 40 picture cards depicting twenty antonyms such as near/far, deep/shallow, clean/dirty. |
| | Singular-Plural Dominoes | Domino like game with pictures of singular nouns and their plural forms. 28 cards |
| | Sequential Picture Cards<br>Sequential Picture Cards I<br>Sequential Picture Cards II<br>Sequential Picture Cards III<br>Sequential Picture Cards IV | Color picture cards for sequencing of events. Increases difficulty with number of set. |
| | Concepts for Communication | Language development program. General - not directed toward remediation of specific skills. Unit I - Listening with Understanding, Unit 2 - Concept Building, Unit 3 - Communication. |

| | | |
|---|---|---|
| | Spatial Relation Picture Cards | Thirty color picture cards of five objects depicting six spatial relationships - in, on top of, behind, in front of, under and beside. |
| | Colored Inch Cubes | Ninety-six piece set consists of colored wooden cubes. |
| | Sentence Building Sequential Cards | Ten sequences of three cards each. Depict simple situations e.g., a boy running home. Each sequence has the subject on the first card, verb on the second, and an object on the third. |
| | Before and After Sequential Cards | 24 cards picturing twelve before-and-after sequences. |
| | Backpack | Game for language development and remediation of syntax problem. |
| Early Education Speech and Hearing Outreach Program<br>S C Region V Educational Services Center<br>P. O. Box 1069<br>Lancaster, S.C. 29720 | Articulation and Language Learning (ALL Program) | Complete program for correcting 23 consonant sounds. Appropriate for ages 3-7. Articulation therapy in a language framework. Program components include: 23 IEPs, 199 lesson plans, word lists, many worksheets, audio cassette and 1 test book. |
| Fearon Publishers Inc.<br>6 Davis Dr.<br>Belmont, Calif. 94002 | Pacemaker Arithmetic Program (Level A Readiness) | Program to teach basic shapes, quantilative concepts and vocabulary. Includes Teacher's Manual with 170 sequential lesson plans and 126 student worksheets on spirit duplicator masters. |
| Floxlite Co., Inc.<br>United Office Building<br>220 First St.<br>Niagra Falls, N.Y. 14303 | Mirror Flashlight Set Set #5 | Flashlight is helpful in oral peripheral examinations and teaching placement of sounds in isolation. Attached mirror magnifies oral structures. |
| Go-Mo Products<br>P. O. Box 767<br>Cedar Falls, Iowa 50613 | Central Institute Test Evaluation Booklet | Paperback guide reviews many popular speech and language tests. |
| Hand H. Enterprises<br>P. O. Box 3342<br>Lawrence, Kan. 66044 | Non-Speech Language Initiation Program (NON-SLIP) Kit | Purpose of kit is to give the multiply or severely handicapped some form of of basic communication skill. It is a structured language initiation program. Program takes three months to one year to complete at which time student can be placed in more traditional language program. Research data concerning effectiveness of program is impressive. |
| Ideas<br>P. O. Box 741<br>Tempe, Ariz. 85281 | S. Programmed Articulation Control Kit (Mowrer)<br>S-Pack (Complete kit including parent kit) | Program for correction of frontal lisp. |

| | | |
|---|---|---|
| | Vocal Nodule Reduction Program | Cassette tape that outlines program designed to reduce vocal abuse. |
| | Stopwatch | Swiss stopwatch with 1/5 second sweep hand. |
| | Program to Increase Fluency (Mowrer) | Sixty minute cassette (includes 10 minute beep tape) and text. Program designed to increase fluency of adolescent and adult stutterers. |
| | Stimulus Shift Articulation Kit | Program for correction of /s/ and /z/ distortions. |
| Incentives for Learning<br>600 W. Van Buren<br>Chicago, Ill. 60607 | Expression Puppet | Puppet with velcro facial features that can be interchanged to express the following feelings: happy, sad, surprised, angry and sleepy. |
| Individualized Instruction Incorporated<br>P. O. Box 25308<br>Oklahoma City, Okla. 73125 | Spacetalk | Designed to enhance auditory discrimination skills to children grades 1-3. Program concentrates on nine of the most frequently misarticulated consonants. Materials include 40 lessons on cassette tapes, 40 four-page plastic reusable response folder teachers' handbook, crayons and lesson index. |
| Jonson Specialties<br>Cedarhurst, N.Y. 11516 | Reward Items | Motivational reward items, small toys, rings, balloons, etc. |
| Language Intervention Systems for the Retarded<br>Laureen B. Wallace Developmental Center<br>P. O. Box 2224<br>Decatur, Ala. 35602 | Language Intervention Systems for the Retarded | Catalog of innovative and original systems for use with retarded persons in U.S. |
| Mafex Associates, Inc.<br>90 Cherry St.<br>Box 519<br>Johnstown, Penn. 15907 | Nonbreakable Speech Mirror | Mirror (14" x 25") mounted on chrome pivatal table top base. Flannel back. |
| | Form-A-Sound | Set of 40 colorful cards with photographs of mouth producing consonants and vowels. |
| | Me Doll | Doll with mirror face |
| Modern Education Corp.<br>P. O. Box 721<br>Tulsa, Okla. 74101 | Spirit Master Speech Therapy Workbooks | Each workbook consists of 24 pages of activities that reinforce skills taught in articulation therapy. Most appropriate for second grade or older. Workbooks available for 16 different consonant sounds. |
| | Language Association Boards | Full Color 12" x 12" boards with folding easel back.<br>No. 1 Prepositions<br>No. 2 Verbs<br>No. 3 Adjectives |

| | | |
|---|---|---|
| | Therapy Kit | Kit includes felt board, chart packets, non breakable mirror and black vinyl carrying pouch. Folds and stands on flat surface. |
| | Photo Resource Kit | Kit contains 224 individual black and white photographs of familiar objects. |
| | Cognitive Development Workbooks | Workbooks include activities in three areas of cognitive skills: association, classification, and problem solving. Designed for gifted students but can be adapted for use with older language disordered students. |
| | What's Funny Cards | Picture cards. Child identified missing part of inappropriate aspect of card. Each set contains 32 semi realistic drawings. Sound oriented sets available for S, R, Th, L, Sh, Ch. |
| | Stimulation and Conversational Stimulation Cards. | Color card decks. Each deck has 15 cards to elicit a single word response and fifteen corresponding pictures designed to elicit a multi-word response. Sound oriented sets are available for S, R, Th, L, Sh, K, G, Ch, Z. |
| Monterey Learning Systems<br>900 Welch Rd.<br>Palo Alto, Calif. 94304 | Monterey Articulation Program<br>Monterey Fluency Program<br>Monterey Language Program | Systematic individualized programs that may be administered by speech and language pathologists or trained, supervised aide. The programs are introduced to new users through the "Monterey Plan," which includes materials, workshop training, and on-site visits by consultants. This can be expensive considering the consultants fees and travel costs. |
| Science Research Assoc., Inc.<br>259 E. Erie St.<br>Chicago, Ill. 60611 | Distar Language I, II, III | Programmed material designed to teach language concepts and skills. General type program - rather than remediation of specific weakness. Is used with a group. Appropriate for use with educable mentally retarded and culturally disadvantaged. |
| Teaching Resources Corp.<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 | Developmental Language Lessons | Program to teach basic grammatical structures in conversational setting. 400 lessons in tab indexed box - organized in eight grammatical categories. |
| | Folkes Sentence Builder | Structured oral language program for teaching grammar. Color coded boxes of cards represent five categories of words: who, what, is doing, which, and where. Two or more of these boxes are placed on a sentence line and students choose cards to create grammatically correct sentences. |

| | |
|---|---|
| Folkes Sentence Builder Expansion | Adds three additional categories to Folkes Sentence Builder: whose, how, and when. |
| Parts of Speech<br>Noun concepts<br>Verb concepts<br>Adverb concepts<br>Adjective concepts<br>Preposition concepts | Complete set includes five boxes of cards with teacher guides. Card sets may be ordered individually. |
| Sequence Picture Cards<br>Level 1: Set 1<br>Level 2: Set 1 | Help develop an understanding of temporal relationships and cause-effect relationships. |
| Language Rehabilitation Program | Includes 180 picture cards and guide in tab indexed box. Cards are divided into 10 categories such as intransitive verbs, adjectives, negative sentences, noun and verb composites, etc. Designed for aphasic, can be adapted for use with MR or deaf. |
| Alike Because<br>Level 1 (color pictures)<br>Level 2 (black and white photos) | Flip books that compare pictures of common objects. Each book has 16 pictures on left and 16 on right. |
| People, Places, and Things<br>Occupations<br>Stores<br>Recreation | Children place small cards illustrating related objects on the appropriate large card showing a specific location. Develops association skills and verbal expression. Available in three sets. |
| What's Wrong Here?<br>Level 1 (15 cards)<br>Level 2 (16 cards) | Color picture cards depict familiar scenes with incorrect details that children are asked to identify. |
| Clock Stamp | Rubber Stamp clock face. Can be used to teach children to recognize their "speech time." |
| Personalized Fluency Control Therapy (Eugene B. Cooper) | Structured individualized program for all ages. Combines behavioral and attitudinal approaches to form an integrated program for stuttering modification. |
| Developmental Syntax Program Kit | Highly structured program for correction of syntax problems in children ages 3-10. No reading required. Eight areas are covered: articles, personal pronouns, possessive pronouns, verbs "is, are, have, has," past tense of regular and irregular verbs, plurality and adjectives. |
| SEARCH: Structured Environmental Activities for the Rehabilitation of the Communicatively Handicapped. | Language training program on a lower level than many available. Tested with three years clinical use with institutionalized children. Tasks are separated in four developmental age levels.<br>Level 1 (0-2 years)<br>Level 2 (2-3½ years) |

| | | |
|---|---|---|
| | | Level 3 (3½ - 5 years)<br>Level 4 (5-6 years)<br>Could be used by paraprofessional under supervision of an SLP. |
| | Voice Disorders Kit | Programmed approach by Frank B. Wilson. Consists of five one hour in-service tapes, 61 slides, voice profile and report forms, and a programmed voice-therapy booklet. |
| The Interstate Printers and Publishers Inc.<br>Danville, Ill. 61832 | Big Book of Language Through Sounds | Drill material. |
| | The Big Book of Sounds | Collection of drill materials for 25 consonant sounds. |
| | Speech and Language Rehabilitation: A Workbook for the Neurologically Impaired | Designed for adult aphasic, can be adapted for use with children. |
| The Psychological Corporation<br>757 Third Ave.<br>New York, N.Y. 10017 | Boehm Resource Guide for Basic Concept Teaching | (Includes manual, 65 concept cards, 35 game cards, 1 picture book, 9 duplicating masters) Kit of materials for teaching the 50 concepts measured by Boehm Test of Basic Concepts. Concepts can be taught through many levels of difficulty and abstraction. |
| Whitehaven Publishing Co.<br>Box 2<br>New Richmond, Wisc. 54017 | Sequence Pictures for Story-Telling | Book of twenty black and white picture stories. Helpful in obtaining a language sample and in therapy carryover. Stories range in length from four to seven plates. |
| | Language: Verb Action Pictures | Set of fifty black and white pictures. |
| | Language: Plural Action Pictures | Set of fifty black and white pictures. |
| | Tongue Depressors | Individually wrapped. Box of 50. |
| Word Making Productions<br>P. O. Box 15038<br>Salt Lake City, Utah 84115 | Word Making Cards | 600 color pictures 4½" x 2¾". Divided into 25 consonant sounds. |
| | Word Making Stickers Self Adhesive, Gummed | 600 different color pictures 2" x 1 5/16". 25 consonant sounds. |
| | Imitative Gestures to Basic Syntactic Gestures | Language development program for children whose language ability is below a four year old level. Can be used by paraprofessionals. |
| | Langtry Holiday Kit | Seven speech and language activities built around birthday, Halloween, Christmas, and Easter. Can be used in many different ways. |

126

| | |
|---|---|
| Motivation and Learning Centered Training Programs for Language Delayed Children | Designed by Merlin Mecham for use with children who do not have sufficient language to benefit from programs such as DISTAR. Includes 15 units under the general categories of gesture, language, basic verbal language and transformations. |
| Language Making Action Stickers<br>Gummed, self adhesive | 480 different color picture stickers (like language making action cards)<br>2" x 1 5/16" |
| Language Making Action Cards | 600 color cards of action pictures, story sequence pictures, color, shapes, comparatives, etc. |
| Read the Picture Storybooks | Series of twelve books. Each book emphasizes a different consonant sound. Helpful to use with poor readers or nonreders. |

## EQUIPMENT SOURCES

**VOXCOM** - Cassette Player/Recorder and Long-Play Card Reader
Audible Graphics Systems
11 Latta Rd.
P. O. Box 4741
Rochester, N.Y. 14612

**Language Masters**
Technical Industries
Calhoun Co.
6000 Peachtree Rd., N.E.
Atlanta, Ga. 30341

**TRIM Self Monitoring Speech Therapy LABS**
Learning Laboratories
5913 Quality Hill
Colleyville, Tenn. 76034

**Audio Repeat Cassette Recorder**
AVID Corporation
10 Tripps Lane
E. Providence, R.I. 02914

**Phonic Mirror - Phonic Ear**
H. C. Electronics
P. O. Box 3341
Decatur, Ga. 30033

**Auditory Training System**
Earmark, Inc.
Hamden, Conn. 06517

**Zenith Hearing Instrument Corporation**
Sehas, Inc.
2625 N. Decatur Rd.
Decatur, Ga. 30033

**Autocom - Communication System for Non-Vocal People**
Telesensory Systems, Inc.
3408 Hillview Ave.
P. O. Box 10099
Palo Alto, Calif. 94304

**J & S Communicator**
Communication System for Non-Vocal Multi-Handicapped Persons
J. S. Jackson
7436 Quay St.
Arvada, Colo. 80003

**Audiometers**
Sehas, Inc.
2625 N. Decatur Rd.
Decatur, Ga. 30033

Zenith Hearing Instrument Corp.
Auditory Instrument Division
6501 W. Grand Ave.
Chicago, Ill. 60635

Beltone Electronics Corp.
Hearing Test Instruments Division
4201 W. Victoria St.
Chicago, Ill. 60646

# Appendix C
# Selected Books, Booklets, and In-Service Materials for Parent/Teachers of Speech-Language Impaired Children

| Publisher | Publication |
|---|---|
| Alexander Graham Bell Association for the Deaf, Inc.<br>3417 Volta Place, N.W.<br>Washington, D.C. 20007 | Speech and Hearing Checklist |
| Director of Public Information and Publication Department<br>American Speech and Hearing Association<br>10801 Rockville Pike<br>Rockville, Md. 20852 | 1. Recognizing Communication Disorders<br>2. Hearing Impairment and the Audiologist<br>3. Speech and Language Disorders and the Speech and Language Pathologist<br>4. A Reference List: Speech, Hearing and Language<br>5. Partners in Language: A Guide for Parents<br>6. The Speech-Language Pathologist in the Schools |
| Bill Wilkerson Hearing and Speech Center<br>1114 19th Ave., South<br>Nashville, Tenn. 37212 | Rules of Talking |
| Cebco Standard Publishing<br>9 Kerlick Rd.<br>Fairfield, N.J. 07006 | Teach Your Child to Talk: A Parent Guide<br>Parent Book<br>Workshop Kit |
| Communication Skill Builders, Inc.<br>817 E. Broadway<br>P. O. Box 6081 E<br>Tucson, Ariz. 85733 | Natural Language: A Clinician Guided Program for Parents of Language Delayed Children by John and Pequette Hatten |
| Channing L. Bete Company, Inc.<br>45 Federal St.<br>Greenfield, Mass. 01301 | About Speech and Hearing Problems: The ABC's of Speech Pathology and Audiology |
| The Council of Exceptional Children<br>Publications Sale<br>1920 Association Dr.<br>Reston, Va. 22091 | Speech and Language Services and the Classroom Teacher by Gerald G. Freeman |
| Dormac, Inc.<br>P. O. Box 752<br>Beaverton, Ore. 97005 | Your Child's Hearing Aid<br>Parent-Infant Communication by Sitnick, Rushmer, Arpan (hearing impaired) |
| H. and H. Enterprises<br>P. O. Box 1070-S<br>Lawrence, Kan. 66044 | Your Child's Speech and Language Guidelines for Parents by Mary Brooks and Deedra Engmann |
| Home and School Services<br>Magnolia Public Schools<br>P. O. Box 428<br>Magnolia, Ark. 71753 | 1. Handbook for Parents of Speech Handicapped Children<br>2. Pointers for Parents<br>3. Remedial Speech Handbook for Teachers |
| Ideas<br>P. O. Box 741<br>Tempe, Ariz. 85281 | Speech Therapy Orientation Kit In-service for parents/teachers with cassette tape |
| The Interstate Printers and Publishers, Inc.<br>Danville, Ill. 61832 | Speech and Language Training for the Cerebral Palsied Child at Home by Marie Orr Shere |
| | Summer Speech Book by Phyllis R. Kupperman |
| | Is Your Child Beginning to Stutter? by Elvene Miller |
| | An Open Letter to the Mother of A Stuttering Child by the late Wendell Johnson |

| | |
|---|---|
| | Your Child's Experience in Speech Correction by James D. Bryden |
| | Helping the Child to Listen and Talk by Joan M. Sayre |
| | For Parents of a Child Beginning to Stutter by R. Corbin Pensington |
| | For the Parents of a Child Whose Speech Is Delayed by R. Corbin Pensington and Elizabeth James |
| | For Parents of a Tongue Thruster developed by Jeanne M. Goldberger |
| | The Stuttering Child: In the School and In the Home by R. Corbin Pensington |
| | Helping the Child with a Learning Disability by Ann M. Flowers |
| Julianna Williams<br>548 Inglewood Place<br>Macon, Ga. 31204 | Communication Disorders Specialists - filmstrip-cassette. May be borrowed from your area GLRS center. |
| John Day Conklin Bookcenter<br>P. O. Box 5555<br>Binghamton, N. Y. 13902 | Your Developmentally Retarded Child Can Communicate by Julia S. Malloy and Arlene Maltun |
| The League School<br>567 Kingston Ave.<br>Brooklyn, N. Y. 11203 | The Language-Impaired Child in the Classroom: A Handbook for Teachers by Aundria McMillan, Stacey Chizzik, Linda Trager, Susan Albert |
| Mafex Association<br>90 Cherry St.<br>Box 519<br>Johnstown, Penn. 15907 | Cliffs Speech and Hearing Series<br>1. Articulation Disorders: Methods of Evaluation and Therapy<br>2. Basic Audiometry<br>3. Cleft Palate and Associated Characteristics<br>4. Clinical Management of Voice Disorders<br>5. Speech and Hearing Problems in the Classroom<br>6. Stuttering: What It Is and What To Do About It. |
| Mead Johnson Laboratories<br>Department 822<br>Evansville, Ind. 47712 | Our Cleft Lip and Palate Child: A Basic Guide for Parents |
| Montgomery County Easter Seal Treatment Center<br>1000 Twinbrook Parkway<br>Rockville, Md. 20851 | Language-Related Activities: A Manual for Parents of Language-Learning Disabled Preschoolers |
| The National Easter Seal Society for Crippled Children and Adults<br>2023 West Ogden Ave.<br>Chicago, Ill. 60612 | 1. Do's and Don'ts for Parents of Preschool Deaf and Hard of Hearing Children by Jean Utley Lehman<br>2. Speech Pathologist Talks to the Parents of a Non-Verbal Child<br>3. Bright Promise: For Your Child with Cleft Lip or Palate by Eugene McDonald<br>4. Toward Understanding Stuttering by Wendell Johnson<br>5. Understanding Stuttering: Information for Parents by Eugene B. Cooper |

| | |
|---|---|
| National Hearing and Speech Association<br>814 Thayer Ave.<br>Silver Spring, Md. 20910 | Hearing and Speech Action (published bimonthly) |
| Pictograph Corporation<br>P. O. Box 2099<br>Boulder, Colo. 80302 | The Speech Clinician Talks with Teachers - filmstrip |
| Public Affairs Pamphlets<br>381 Park Ave.<br>New York, N. Y. 10016 | Helping Your Child Speak Correctly by John E. Bryant<br>Cerebral Palsy - More Hope Than Ever |
| Science Research Associates, Inc.<br>Order Department<br>259 East Erie St.<br>Chicago, Ill. | Helping Children Talk Better by Charles Van Riper |
| Speech Foundation of America<br>152 Lombardy Rd.<br>Memphis, Tenn. 38111 | Stuttering: Its Prevention<br>The Stutterer<br>Stuttering Words |
| Superintendent of Documents<br>U. S. Government Printing Office<br>Washington, D.C. 20402 | 1. The Child Who is Hard of Hearing<br>2. The Child With A Speech Problem<br>3. The Child Who is Mentally Retarded<br>4. Your Child From 1-6<br>5. The Child With A Cleft Palate<br>6. A Healthy Personality for Your Child<br>7. The Child With Cerebral Palsy<br>8. The Mentally Retarded Child in the Home<br>9. Your Baby's First Year<br>10. Learning to Talk, Speech, Hearing, and Language Problems in the Preschool Child<br>11. Facts About Hearing and Hearing Aids<br>12. Mainstreaming Preschoolers: Children with Speech and Language Impairments |
| Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 | The Communicatively Disordered Child: Management Procedures for the Classroom by Kathleen W. McCartan |
| Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 | How Children Learn to Speak by Maurice Sklar, Ph.D. |

132

# Appendix D
# List of Selected Tests
# Speech and Language Impaired

| | |
|---|---|
| Action-Agent Test (Revised) | University of Michigan Speech Clinic<br>1111 East Catherine St.<br>Ann Arbor, Mich. 48104 |
| Ammons Full Range Vocabulary Test<br>(Robert Ammons) | Psychological Test Specialists<br>Missoula, Mont. 59801 |
| Arizona Articulation of Proficiency Scale<br>(Revised) | Western Psychological Services Dept.<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| Assessment of Children's Language<br>Comprehension (Foster, Geddan, and Stark) | Consulting Psychologists Press, Inc.<br>577 College Ave.<br>P. O. Box 11636<br>Palo Alto, Calif. 94306 |
| Auditory Discrimination Test, 1973 version<br>(Wepman) | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| Auditory Integrative Abilities Test<br>(Carole Grate) | Educational Activities<br>Box 392<br>Freeport, N. Y. 11520 |
| Auditory Memory Span Test<br>(Wepman and Morency) | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| Auditory Sequential Memory Test<br>(Wepman and Morency) | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| Bankson Language Screening Test<br>(Nicholas W. Bankson, Ph.D.) | University Park Press<br>Chamber of Commerce<br>Baltimore, Md. 21202 |
| Berry-Talbott Exploratory Test of Grammar | Mildred F. Berry, Ph.D.<br>4332 Pine Crest Rd.<br>Rockford, Ill. 61107 |
| Boehm Test of Basic Concepts | Psychological Corporation<br>1372 Peachtree St., N.E.<br>Atlanta, Ga. 30309 |
| Boston Diagnostic Aphasia Examination | Lea and Febiger<br>600 Washington Square<br>Philadelphia, Pa. 19106 |
| Boston University Speech Sound<br>Discrimination Test | Go-Mo Products<br>1906 Main<br>Cedar Falls, Iowa 50613 |
| Brigance Diagnostic Inventories | Curriculum Associates, Inc.<br>6 Henshaw St.<br>Woburn, Mass. 01801 |
| Carrow Elicited Language Inventory | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| CELF: The Clinical Evaluation of Language<br>Functions (Elementary level screening, advanced<br>level screening, comprehensive battery) | Charles E. Merrill Publishing Company<br>1300 Alum Creek Dr.<br>Columbus, Ohio 43216 |

| | |
|---|---|
| Communication Evaluation Chart from Infancy to Five Years (Ruth Anderson, Madeline Miles, and Patricia Matheny) | Educators Publishing Service, Inc.<br>75 Moulton St.<br>Cambridge, Mass. 02138 |
| Comprehensive Identification Process (CIP) (Reid Zehrbach) | Scholastic Testing Service, Inc.<br>480 Meyer Rd.<br>Bensenville, Ill. 60106 |
| Compton Speech and Language Screening Evaluation | Carousel House<br>P. O. Box 4480<br>San Francisco, Calif. 94101 |
| Coston - Reidenback Articulation and Language Quick Screening | Columbia Educational Resource, Ltd.<br>P. O. Box 11674<br>Columbia, S. C. 29211 |
| Denver Developmental Screening Test | LADOCA Project and Pub. Foundation, Inc.<br>E. 51st Ave. & Lincoln St.<br>Denver, Colo. 80216 |
| Detroit Tests of Learning Aptitude | Bobbs-Merrill Co.<br>Test Division<br>4300 W. 62nd St.<br>Indianapolis, Ind. 46268 |
| Developmental Sentence Scoring (Laura Lee) | Northwestern University Press<br>Evanston, Ill.<br>Developmental Sentence Analysis<br>Developmental Sentence Scoring: A Clinical Procedure for Estimating Syntax in Children's Spontaneous Speech, JSHD, 36:31130 |
| Developmental Sentence Types (Laura Lee) | Northwestern University Press<br>Evanston, Ill.<br>Developmental Sentence Analysis<br>"Developmental Sentence Types: A Method for Comparing Normal and Deviant Syntactic Development" - JSHD, 31:321 |
| Differentiation of Auditory Perception Skills (DAPS) | Communication Skill Builders<br>817 E. Broadway<br>P. O. Box 6081-E<br>Tucson, Ariz. 85733 |
| Engleman Basic Concepts Inventory | Follett Publishing Company<br>1010 W. Washington Blvd.<br>Chicago, Ill. 60607 |
| Fisher-Logemann Test of Articulation Competence | Houghton Mifflin<br>110 Tremont St.<br>Boston, Mass. 02107 |
| Florida Language Screening System (The School Districts of Florida, Florida Department of Education and University of Florida) | Educational Products Distribution<br>Florida Department of Education<br>201 W. Park Ave.<br>Tallahassee, Fla. 32304 |
| Fluency Assessment Battery by H. Price and L. Goepfert (1976) | Memphis Speech and Hearing Center<br>Memphis State University<br>807 Jefferson Ave.<br>Memphis, Tenn. 38105 |

| | |
|---|---|
| Fluharty Preschool Speech and Language Screening Test | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| Goldman-Fristoe Test of Articulation | American Guidance Service, Inc.<br>Publishers' Building<br>Circle Pines, Minn. 55014 |
| Goldman-Fristoe-Woodcock Test of Auditory Discrimination | American Guidance Service, Inc.<br>Publishers' Building<br>Circle Pines, Minn. 55014 |
| Hannah-Gardner Preschool Language Screening Test | Joyce Publications, Inc.<br>P. O. Box 458<br>Northridge, Calif. 91324 |
| Houston Test for Language Development | The Houston Test Company<br>Box 35152<br>Houston, Texas 77000 |
| Illinois Children's Language Assessment Test (ICLAT) | The Interstate Printers and Publishers, Inc.<br>Danville, Ill. 61832 |
| Illinois Test of Psycholinguistic Abilities | University of Illinois Press<br>Urbana, Ill. 61801 |
| Iowa Pressure Articulation Test | Bureau of Educational Research<br>Extension Division<br>State University of Iowa<br>Iowa City, Iowa 52240 |
| Language Sampling, Analysis and Training (Dorothy Tyack and Robert Gottsleben) | Consulting Psychologists Press, Inc.<br>577 College Ave.<br>P. O. Box 11636<br>Palo Alto, Calif. 93406 |
| Lindamood Auditory Conceptualization Test | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| McCarthy Scales of Children's Abilities | The Psychological Corporation<br>757 Third Ave.<br>New York, N. Y. 10017 |
| (McDonald's) Deep Test of Articulation Sentence Form | Stanwix House<br>2030 Chartiers Ave.<br>Pittsburgh, Penn. 15204 |
| Meeting Street School Screening Test Materials | Meeting Street School<br>667 Waterman Ave.<br>Providence, R. I. 02914 |
| Memory for Related Sentences<br>Memory for Unrelated Sentences | University of Michigan Speech Clinic<br>1111 East Catherine St.<br>Ann Arbor, Mich. 48104 |
| Michigan Picture Language Inventory (William Wolski) | University of Michigan Speech Clinic<br>1111 East Catherine St.<br>Ann Arbor, Mich. 48109 |
| Miller-Yoder (M-Y Test of Grammatical Comprehension) | University Book Store<br>711 State St.<br>Madison, Wis. 53707 |

| | |
|---|---|
| Minnesota Preschool Scale (Florence Goodenough, Katherine Mauer and M. J. Van Wagener) | American Guidance Service, Inc.<br>Publishers' Building<br>Circle Pines, Minn. 55014 |
| Northwestern Syntax Screening Test | Northwestern University Press<br>1735 Benson Ave.<br>Evanston, Ill. 60201 |
| Oral Language Sentence Imitation Screening Test (OLSIST) | Lingui Systems, Inc.<br>Suite 806<br>1630 Fifth Ave.<br>Moline, Ill. 61265 |
| Oral Language Sentence Imitation Diagnostic Inventory (OLSIDI) | Lingui Systems, Inc.<br>Suite 806<br>1630 Fifth Ave.<br>Molina, Ill. 61265 |
| Palst Screening Test<br>(Articulation and Language) | Word Making Productions, Inc.<br>Box 1858<br>Salt Lake City, Utah 84110 |
| Parson's Language Sample | JSHD Monograph 10, Jan. 1963, p. 8-31<br>Assessment of the Speech and Language Retarded Children: The Parson's Language Sample by Joseph E. Spradlin |
| Peabody Picture Vocabulary Test | American Guidance Service, Inc.<br>Publishers' Building<br>Circle Pines, Minn. 55014 |
| Photo Articulation Test | Interstate Printers and Publishers<br>19-27 North Jackson St.<br>Danville, Ill. 61832 |
| Picture Story Language Test (Myklebust) | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025<br>Development and Disorders of Written Language Vol. 1<br>Development and Disorders of Written Language Vol. 2 |
| Porch Index of Communicative Ability in Children<br>(Bruce Porch, Ph.D.) | Consulting Psychologists Press, Inc.<br>577 College Ave.<br>P. O. Box 11636<br>Palo Alto, Calif. 94306<br>(need workshop before using) |
| Practical Articulation Kit<br>(Game Cards and Screening Test) | The Interstate Printers and Publishers<br>19-27 North Jackson St.<br>Danville, Ill. 61832 |
| Preschool Language Scale<br>(Zimmerman, Steiner and Evatt) | Charles E. Merrell Publishing Company<br>1300 Alum Creek Dr.<br>Columbus, Ohio 43216 |
| Receptive-Expressive Emergent Language Scale for the Measurement of Language Skills in Infancy - REEL Scale (Kenneth Bzock and Richard League) | Anhinga Press<br>420 Boulevard<br>P. O. Box 13501<br>Gainesville, Fla. 32604 |

| | |
|---|---|
| Revised Token Test | University Park Press<br>233 E. Redwood St.<br>Baltimore, Md. 21202 |
| Riley Articulation and Language Test | Western Psychological Services<br>12031 Wilshire Blvd<br>Los Angeles, Calif. 90025 |
| Screening Test for Auditory Comprehension | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| Smith-Johnson Nonverbal Performance Scale | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| A Spoken Word Count: Children ages 5, 6, 7 | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| The Stephens Oral Language Screening Test (SOLST) | Interim Publishers<br>3900 Scobie Rd.<br>Peninsula, Ohio 44264 |
| The Structured Photographic Language Test (SPLT) (Ellen Weiner and Janet Kresheck) | Janelle Publications<br>P. O. Box 12<br>Sandwich, Ill. 60548 |
| Templin-Darley Test of Articulation | Bureau of Education Research and Service<br>Extension Div., C-6 East Hall<br>State University of Iowa<br>Iowa City, Iowa 52242 |
| Test of Auditory Comprehension of Language (Carrow) | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| Test of Language Development (TOLD) by Phyllis L. Newcomer and Donald D. Hamill | Western Psychological Services<br>12031 Wilshire Blvd.<br>Los Angeles, Calif. 90025 |
| Token Test for Children | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| Utah Test of Language Development | Communication Research Associates, Inc.<br>P. O. Box 11012<br>Salt Lake City, Utah 84115 |
| Quick Screening Form of Utah Test of Language Development | Merlin J. Meacham, Ph.D.<br>Department of Communications<br>University of Utah<br>Salt Lake City, Utah 84112<br>(Use of the Utah Test of Language Development for Screening Language Disabilities) |
| Verbal Language Development Scale | American Guidance Service<br>Publishers' Building<br>Circle Pines, Minn. 55014 |
| Vineland Social Maturity Scale | American Guidance Service, Inc.<br>Publishers' Building<br>Circle Pines, Minn. 55014 |

| | |
|---|---|
| The Visual Aural Digit Span Test (VADS)<br>(Elizabeth M. Kappitz, Ph.D.) | Grune and Stratton, Inc.<br>111 5th Ave.<br>New York, N. Y. 10003 |
| Vocabulary Comprehension Scale<br>(Tina E. Bangs) | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| Washington Speech Sound Discrimination Test | The Interstate Printers and Publishers<br>19-25 North Jackson St.<br>Danville, Ill. 61832 |
| Weiss Comprehensive Articulation Test | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |
| Yellow Brick Road<br>(Christine Kallstrom, Ph.D.) | Teaching Resources<br>50 Pond Park Rd.<br>Hingham, Mass. 02043 |

# Appendix E
# Descriptions of Selected Language Evaluation Measures

Ammons Full Range
Vocabulary Test by Robert Ammons

Psychological Test Specialists
Missoula, Mont. 59801

Evaluates child's ability to comprehend single spoken words. Child is asked to point to pictures as the examiner names them. The AFRVT takes 5-10 minutes to administer, with norms for CA2 through adult level. The test yields a mental age score. Sample items in the preschool category from Form A include pie (1.7), window (1.7), horse (1.5), wagon (2.3), newspaper (2.5), clothes (3.0), accident (3.0), explosion (4.9), and danger (5.6). The set includes the test plates, instructions, norms and sample answer sheet.

Auditory Integrative
Abilities Test by Carole Grate

Educational Activities
Box 392
Freeport, New York 11520

The AIAT is an assessment of auditory perceptual disorders for children six to nine years of age. The purposes of the test are (1) diagnostic in terms of intermodal difficulties underlying learning disorders in school, and (2) as an aid to designing therapeutic and remedial materials to improve processing. Means and standard deviations are provided for the second and third grade population. The test takes approximately 20 minutes to administer. The AIAT consists of a recorded cassette, individual score sheets, index cards, and an instruction manual. The administration of the test is defined to the examiner, while the instructions to the child are incorporated on the test cassette. The Auditory Motor Sub Test requires that the child clap his/her hands to imitate the taped pattern. The Auditory-Verbal Test requires that the child imitate how the claps sounded. The complete test consists of 30 items, 10 in each sub-test.

Assessment of Children's
Language Comprehension
by Foster, Geddan, and Stark

Consulting Psychologists Press, Inc.
577 College Ave.
P. O. Box 11636
Palo Alto, Calif. 94306

The ACLC is designed to determine the level at which a child is unable to process and remember lexical items in syntactic sequences. Normative data is available for ages 3-7. The test uses a core vocabulary of 50 common words combined into 2-, 3-, and 4- element phrases. No oral responses are required from the child, who points to an appropriate picture in response to a word or phrase from the examiner. At the second level of difficulty, the child is required to correctly identify the picture (from 4 stimuli) when the examiner indicates a noun with a verb and modifier. For example, the child may be asked to point to the **man sitting** when the four pictures include a man walking, a man sitting, a cat walking, and a cat sitting. An item with four critical elements is a **happy little girl jumping**. The complete kit includes a card set, manual, and one pad of recording sheets.

Bankson Language Screening Test by
Nicholas W. Bankson, PLD

University Park Press
Chamber of Commerce Bldg.
Baltimore, Md. 21202

The Bankson Language Screening test is primarily an instrument for identifying children in need of further language assessment. With this test a clinician can determine appropriate areas for follow-up diagnostic assessment. Materials are organized to provide information about the child's semantic knowledge, morphologic and syntactic rules, and visual and auditory perception. Normative data is available for ages 4.1 to 7.11. The Bankson is administered individually in approximately 25-40 minutes. Some of the test items lack precise direction on administration and scoring. A language profile sheet is used to summarize the results.

Basic Concept Inventory
by Siegfried Engleman

Follett Publishing Company
1010 W. Washington Blvd.
Chicago, Ill. 60607

The Basic Concept Inventory is a broad checklist of basic concepts used in new learning situations in the first grade. Intended for culturally disadvantaged preschool and kindergarten children, slow learners, and the mentally retarded, the test is based on the premise that knowledge of the child's ability to conceptualize is strategic to educational programming. The test is administered individually in approximately 30-60 minutes. The inventory is a "criterion referenced" measure rather than the more familiar "norm-referenced" measure,

and allows the evaluation to establish a basal level of function in various conceptual areas. Instructional objectives are formulated based upon this information. The test is divided into three parts: Part I, basic concepts; Part II statement repetition and comprehension; Part II Pattern Awareness. There are no age norms available for this current experimental edition. The set of materials includes 9 black and white picture cards, manual, and response booklet. The manual includes sections concerning interpretation of inventory performance, case histories, and planning of educational strategies for remediation.

Boehm Test of Basic Concepts
by Ann Boehm

Psychological Corporation
1372 Peachtree St., NE
Atlanta, Ga. 30309

The BTBC evaluates a child's understanding of language concepts which are judged to be most essential to classroom success. The fifty item pictorial test measures the child's concepts of space, quantity, time and miscellaneous items. The test items are arranged in order of increasing difficulty and are divided evenly between two booklets. Individual administration time is approximately fifteen minutes per booklet. The BTBC has value for children ages five to eight years of age. The raw scores obtained may be converted to percentile rankings which are available for lower, middle, and upper socio-economic groups and for the beginning of the year and midyear for kindergarten, first, and second grades. Children are asked to point to the correct picture or make an "x" on it. Sample test phrases include: "Mark the bead that has a string **through** it," "Mark the door that is **widest**," "Mark the **third** child from the teacher." As with many such measures, the BTBC taps the child's vocabulary as well as his conceptualization and familiarity with the pictured items. Manuals and test booklets are ordered separately.

Carrow Elicited Language Inventory
by Elizabeth Carrow-Woolfork, Ph.D.

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Identifies children ages 3-7 with expressive language problems and determines specific linguistic structures that are deficient. It is individually administered in approximately 15 minutes. Scoring time is 30-45 minutes or more. The CELI is based on the technique of eliciting imitation of a sequence of sentences that includes basic sentence construction types and specific grammatical morphemes. The examiner presents each of the 52 stimulus for the child to repeat. The child's responses are recorded on tape, then errors are transcribed on the scoring/analysis form. Percentile ranks are noted in these grammatical classes: article, objective, adverb, noun, noun plurals, pronoun, verb, negation, contraction, preposition, demonstrative, and conjunction. A separate verb protocol sheet helps analyze the child's production of verb forms. The kit includes manual, training guide, training tape, 25 scoring/analysis forms and 10 verb protocol sheets.

Clinical Evaluation of
Language Functions (CELF)

Charles E. Merrill Publishing Co.
1300 Alum Creek Dr.
Columbus, Ohio 43216

Comprehensive set of assessments for identifying children and adolescents with possible oral language disabilities and in-depth diagnosis for identification and intervention. Two levels of Screening Tests are norm-referenced, expressed as percentile ranks by grade, based on a sample of nearly 1300 students. These tests give you information about an individual child's performance compared to normally developing children.

The Comprehensive Diagnostic Battery is a set of 13 subtests which include formats for error analysis and extension testing. These subtests are intended *only for children who have been referred for assessment, or who have already been identified for special services.* This battery is criterion-referenced, based on comparisons between the performances of normal and language-disordered children on each subtest.

- **Elementary Level Screening**
  A screening test for children grades K-5, individually administered (time: 15 min.), covering both receptive and expressive language
- **Advanced Level Screening**
  A screening test for children grades 5-12, similar in design and administration time to the Elementary Level Screening Test
- **Comprehensive Diagnostic Battery**
  A comprehensive battery of 13 subtests, individually administered (time 1½-3 hrs.), designed for students grades K-12.

Communication Evaluation Chart from Infancy to Five Years by Ruth Anderson, Madeline Miles and Patricia Matheny

Educators Publishing Service, Inc.
75 Moulton St.
Cambridge, Mass. 02138

The Communicative Evaluation Chart is a means by which an evaluator can gain an impression of a child's over-all abilities or disabilities in language and performances. The chart is designed to detect young children needing further diagnostic evaluation. Skills are organized according to age level in a checklist-type format. Items on the left side of the page are based on the average child's capacity to gain and use language as a tool. They deal with coordination of speech musculature development of hearing acuity and auditory perception, aquisition of vowels and consonants, and growth of receptive and expressive language skills. Items on the right side of the page evaluate physical well-being, normal growth and development, motor coordination, and beginning visual-motor perceptual skills.

Comprehensive Identification Process by Reid Zehrback

Scholastic Testing Service, Inc.
Bensenville, Ill. 60106

CIP was developed to identify children between the ages of 2½ and 5½ who would benefit from a special preschool program or need some kind of medical attention or therapy to function at full potential when he/she enters school. A Speech and Expressive Language section is included. Sample test items from this section include assessment of key phonemes, intelligibility rating, voice and fluency rating, oral peripheral examination, observations of sentence structure, and length of utterances. CIP is packaged in a green plastic attache case. The CIP could be used to detect young children in need of further assessment.

Denver Developmental Screening Test by William Frankenburg and Josiah Dodds

Ladoca Project and Publishing Foundation
E. 51st Ave. and Lincoln St.
Denver, Colo. 80216

The DDST is a screening device for detecting possible developmental delays in infancy and the preschool years. This instrument evaluates gross motor skills, fine-motor-adaptive skills, language skills, and personal-social skills. The test is designed only to alert professionals to the possibility of developmental delays so that appropriate diagnostic studies may be pursued. The Denver usually takes less than 20 minutes to administer. Sample items in the language area include: combines 2 different words, imitates speech sounds, names 1 picture, uses plurals, and comprehends prepositions.

Developmental Sentence Scoring by Laura Lee

*Developmental Sentence Analysis*
Northwestern University Press
1735 Benson Ave.
Evanston, Ill. 60201

"Developmental Sentence Scoring: A Clinical Procedure for Estimating Syntax Development in Children's Spontaneous Speech" JSHD, 36:31130

The DSS is designed to analyze the syntactic development of children who are at or beyond the stage where 50 percent of their utterances are complete sentences. The procedure evaluates the child's use of grammatical rules in spontaneous speech and judges his performance against adult standard. Normative data is available for children ages two years to six years 11 months. It is administered individually. Fifty "complete, different, consecutive, intelligible, nonecholic sentences" must be elicited from the child by the adult examiner for scoring. Scoring time is approximately one-two hours. Some syntactical structures are not analyzed in this test. The eight structures selected for analysis include: indefinite pronouns or noun modifiers, personal pronouns, main verbs, secondary verbs, negatives, conjunctions, interrogative reversals, and wh-questions. Much useful information can be derived from this diagnostic technique.

Developmental Sentence Types
by Laura Lee

*Developmental Sentence Analysis*
Northwestern University Press
1735 Benson Ave.
Evanston, Ill. 60201
or
"Developmental Sentence Types: A Method for Comparing Normal and Deviant Syntactic Development" - JSHD, 31:321

The DST is designed to provide the diagnostician with a frame of reference against which to compare a given child's language structure. It is administered if fewer than 50 percent of the child's utterances are complete sentences. By comparing the child's utterances with Lee's chart of sentence types, the clinician can get some understanding of the state development of syntax that the child is using.

Florida Language Screening System by
The School Districts of Florida,
Florida Department of Education and
University of Florida

Educational Products Distribution
Florida Department of Education
201 W. Park Ave.
Tallahassee, Fla. 32304

The FLASC is a quick screening device designed to identify kindergarten and first grade students with potential language problems. FLASC measures both receptive and expressive use of five different language areas: phonology, lexology, morphology, tactology, and semology. Test items were modeled after activities from instruments such as the ITPA, PPVT, and Action-Agent Test. All items included on FLASC are appropriate for the age and developmental level of children in grades K-1. The test is administered individually in approximately five minutes. Complete instructions are included in the manual. A norms table is available for conversion of raw scores to percentile rankings. The authors recommend that each community or district establish their own appropriate "cut off scores" for purposes of referral for more complete language evaluations. Each test packet includes a manual, five test plates and fifty IVCT (pressure carbon sensitive style) score sheets in triplicate.

Hannah-Gardner Preschool
Language Screening Test by
Elaine P. Hannah and
Julie O. Gardner

Joyce Publications, Inc.
P. O. Box 458
Northridge, Calif. 91324

The Hannah-Gardner is designed to be a screening device for identifying preschool children with a language deficit. The authors state that it can be administered by professionals in any field associated with preschool children. Normative data are given for two socioeconomic groups totaling 180 children, three to five-and-one-half years old. There is a Toddler Screening Section of eleven test items for children younger than 3-0. The 20th percentile is the cut off score for normalcy. The test, described as a language screening device, also contains sections on auditory, visual, motor, and conceptual tasks. The language items are more heavily weighted during scoring. Individual administration time is 25-35 minutes. The questions and scoring sheets are set up for easy, quick scoring during test administration.

Houston-Test of Language
Development Parts I and II
by Margaret Crabtree

Houston Test Company
P. O. Box 35152
Houston, Texas 77000

The Houston is a broad test of language development for young children. Part I describes types of language behavior characteristics of children at each six month interval from six months to three years. Part II includes 18 subtests of various abilities such as expressive vocabulary, sentence length, repetition of speech patterns, and prepositions. Each subtest can be scored at age levels from 3-6 years. Scoring of this test results in a language age. The test includes 2 parts — the first consists of noting characteristics after observation. In the second, the examiner uses vocabulary cards, miniature objects, crayons, and paper to evaluate the child. Administration time is approximately 30 minutes.

Illinois Test of Psycholinguistic Abilities
by Samual A. Kirk, James J.
McCarty and Winifred D. Kirt

University of Illinois Press
Urbana, Ill. 61801

The ITPA measures a child's level of performance in ten areas of psychological development and identifies areas of relative strength and weakness in growth. These ten areas of psychological development include: auditory reception, visual reception, auditory association, visual association, verbal expression, manual expression, auditory closure, and visual sequential memory. The ITPA is administered individually to children ages two to 10. Administration time is usually over one hour. Auditory closure encompasses three subtests: grammatic closure subtest, auditory closure subtest, and sound blending subtest. The ITPA evaluates abilities in three dimensions: channels of communication; psycholinguistic processes, and levels of organization. Norms are presented for each subtest and, in addition, the test as a whole can yield a composite Psycholinguistic Age Score and a Psycholinguistic Quotient. A student profile of relative abilities and disabilities may be plotted on the record norm.

Language Sampling, Analysis
and Training by
Dorothy Tyack and Robert Gottsleben

Consulting Psychologists Press, Inc.
577 College Ave.
P. O. Box 11636
Palo Alto, Calif. 94306

Language Sampling, Analysis, and Training is a handbook presenting a method of obtaining and analyzing language samples. The methodology described requires the collection of a elicited language sample (chapter I). The sample is carefully analyzed (chapter II), and an individualized program is developed and applied (chapter III). Then the resulting changes in the child's behavior are measured. Thus, the emphasis is on individual assessment and training with careful follow-up to be sure that the child has learned and is generalizing consistently and appropriately. After the sample is elicited and tape recorded, it is transcribed on specially prepared forms. The next task is to analyze the sample. The authors have also designed a number of special forms to help with this process. The analysis includes a count of words and morphemes; a calculation of the word-morpheme mean; the sorting of the child's forms and constructions into categories listed on a Sequence of Language Acquisition form; and the entering of the appropriate categories on a Baseline and Goal Analysis form. The chapter on the design of training programs describes how to use the analysis data from the sample to construct remedial plans for structure, content and methodology. The methods employed in the handbook are difficult to master and somewhat time-consuming, but increased precision in assessment and training may well be worth the time.

Lindamood Auditory
Conceptualization Test

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Measures auditory functioning in two areas (1) the ability to discriminate one speech sound from another and (2) the ability to perceive the number, order, and sameness or difference of speech sounds in sequences. Can be used at preschool through adult levels. However, the LAC requires that the child understand the concept of same and different numbers, up to four, left to right ordering, and the concepts of first and last. The LAC test is individually administered in approximately 20-30 minutes. The administrator says a sound pattern, and the student arranges colored blocks in a row to represent the pattern. Each block represents one speech sound. The test is in two categories: individual sounds in sequences, and sounds in nonsense syllables. The kit includes a manual, cassette, blocks, 50 Test Form A, 50 Test Form B. It also provides recommended minimum scores for high probability of grade-level performance in reading and spelling for each grade level K-12.

Michigan Picture Language Inventory
by William Wolski

University of Michigan Speech Clinic
1111 East Catherine St.
Ann Arbor, Mich.

The MPLI evaluates vocabulary comprehension, vocabulary expression, language structure comprehension, and language structure expression. Tests of grammatical structure include the following areas: nouns (singular and plural), personal and possessive pronouns, adjectives and adverbs, demonstrative articles, prepositions, and verbs and auxillaries. Performance standards were established for children ages four to six.

Miller-Yoder (MY) Test of
Grammatical Comprehension by
Jan Miller and David Yoder

University Book Store
711 State St.
Madison, Wis. 53703

The MY Test is a picture selection test for measuring children's grammatical comprehension. The test consists of 84 sentences forming 42 sentence pairs with such basic grammatical forms tested as: 1) active, 2) preposition, 3) possessive, 4) pronoun, etc. The sentence pairs are constructed so as to differ only in terms of the particular grammatical feature of immediate interest; i.e., "Spot is barking at her." "Spot is barking at him."

Minnesota Preschool Scale by
Florence Goodenough, Katherine
Mauer and M. J. Van Wagener

American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minn. 55014

The MPS is a series of 26 short subtests that provide an estimate of verbal and nonverbal intelligence. The scale is administered individually in 30 minutes or less. Verbal, nonverbal, and raw scores may be converted to percentile placement scores and to IQ equivalents. The MPS is appropriate for children age 1 year 6 months to six years. Objects included in the set are a doll, scissors, blocks, puzzles, etc.

Northwestern Syntax Screening Test
by Laura L. Lee

Northwestern University Press
1735 Benson Ave.
Evanston, Ill. 60201

The NSST is a screening device which will identify children between the ages of 3 and 7-11 years who are sufficiently delayed in syntactic development to warrant further diagnostic evaluation. The NSST can be administered in approximately 15-20 minutes. It measures both receptive and expressive use of syntactic forms, using identical linguistic structures in both parts of the test. It consists of 20 sentence pairs to be identified receptively by picture selection and 20 similar sentence pairs to be produced in response to stimulus pictures. Norms are available for children between the ages of 3-6 and 7-11. The NSST norms are based on studies of children from middle and upper middle income families only. Since the NSST involves only syntactic skills, it should be used in conjunction with other language tests for a complete diagnostic evaluation.

Peabody Picture Vocabulary Test
by Lloyd Dunn

American Guidance Service
Publishers' Building
Circle Pines, Minn. 55014

The PPVT is an individually administered screening instrument that measures receptive vocabulary. No verbal responses are required. Normative data are available for ages 2 years 6 months to adult. Administration time is approximately fifteen minutes. To administer the test, the examiner provides a stimulus word. The child then indicates (by pointing or other behavior) the picture on the plate which best illustrates the meaning of the stimulus word. Raw scores can be converted to mental age, standard age, IQ, and percentile ranking.

Picture Articulation and
Language Screening Test by
William Rodgers

Word Making Productions
P. O. Box 1858
Salt Lake City, Utah 84115

The PALST is designed to screen the articulation and language of a first grade child in less than 2 minutes. Articulation has the major emphasis. Six phonemes are evaluated /sh/, /r/, /th/, /s/, /l/, and /t/. The language score is derived from the completeness of the child's response. One scoring pad is included with the test.

Porch Index of Communicative
Ability in Children by
Bruce Porch, Ph.D.
(experimental edition)

Consulting Psychologists Press, Inc.
577 College Ave.
P. O. Box 11636
Palo Alto, Calif. 94306

The PICAC evaluates language abilities of children ages 3-12. The PICAC consists of a basic battery of 16 tests for children functioning at the kindergarten level or below an advanced battery of 20 tests for those at first to sixth grade levels. The PICAC requires extensive practice to gain maximum benefit from their use. Clinicians will need to attend a workshop to be competent in administering the PICAC. Subtests are built around the same 10 objects to facilitate intermodality comparisons. Responses required are either talking, handling objects or drawing. A multi-dimensional scoring system is very sensitive to changes in the child's responses over time. Administration time may be over one hour, depending on the child. Scoring time is approximately one half to one hour. The PICAC is an excellent diagnostic tool. Normative data has been gathered over a long period of time through studies of a variety of children.

Preschool Language Scale by
Irla Zimmerman, Violette
Steiner and Roberta Evatt

Charles E. Merrill Publishing Co.
1300 Alum Creek Dr.
Columbus, Ohio 43216

The Preschool Language Scale is designed for children 1 and one-half years of age to seven years. The test gives an auditory comprehension age and quotient as well as a verbal ability age and quotient. The Scale can usually be administered in one-half hour or less. The Preschool Language Scale is based upon maturational and developmental aspects of language development which have been reported by authorities in the fields of normal human development and psycholinguistics. Unlike other scales which assess language competencies, this scale uses the natural dichotomy between auditory comprehension and verbal ability as the basis for construction. Sample test items for auditory comprehension at the five-year level include: comprehends right, taps rhythm, and knows body parts. Sample items for verbal ability at the five-year level include: names animals and knows coins.

Receptive-Expressive Emergent
Language Scale for the
Measurement of Language Skills
in Infancy by Kenneth Bzock and
Richard League

Anhinga Press
420 Boulevard
P. O. Box 13501
Gainesville, Fla. 32604

The REEL Scale is an inventory of language functioning administered primarily by interview with someone closely acquainted with the child. The test contains items for children age birth to 3 years. It provides the examiner with a receptive quotient, expressive quotient, and a composite language quotient. The left side of each page of test booklet has receptive language items while the right side has expressive language items. The REEL seems to have its greatest value in determining the level of language functioning of a given child and in revealing an overall language problem.

The Structured Photographic
Language Test (SPLT) by
Ellen Weiner and Janet Kresheck

Jannelle Publications
P. O. Box 12
Sandwich, Ill. 60548

Measure the 4.0 to 8.11 year old child's expression of syntactic structures. Some of the Syntactic constructions elicited by the SPLT are declaratives, yes/no interrogatives, "wh" questions, negations, passives, and embedded sentences. The kit includes a manual, 52 colored photographs designed to elicit sentences, one response booklet, one language-gram, one language profile form, and scoring system including guidelines for speakers of Black English. The SPLT was standardized on 360 children from middle socioeconomic class homes where Standard American English was the sole language spoken.

Test for Auditory Comprehension
or Language by
Elizabeth Carrow-Woolfolk, Ph.D.

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Measures receptive language of children ages 3-6 in English or Spanish. The test covers vocabulary, morphology, and syntax. The TACL is individually administered in about 15-20 minutes. The child responds to each oral stimulus by pointing to one of three line drawings. The TACL is composed of 101 pictorial stimuli. Each stimulus contains 3 line drawings, one depicting the correct response, one depicting the opposite or negative of the correct response, and one decoy item. A scoring/analysis form provides a categorical breakdown in the areas of vocabulary, morphology, and syntax. The kit contains a manual with norm tables for ages 3-6, 101 pictorial stimuli, and 25 scoring/analysis forms. A screening version is also available.

Utah Test of Language
Development by Merlin
Mecham, Loren Jex and
Dean Jones

Communication Research
Associates, Inc.
P. O. Box 11012
Salt Lake City, Utah 84115

The Utah provides a broad overall picture of expressive and receptive language skills. It utilizes the developmental approach for appraisal of language readiness. The Utah is administered individually to the child in 25-30 minutes. The test yields a language age. This score is derived from the raw score and language age table (ages available from 9 months - 16 years). Testing materials include a marble, cup, ball, doll, gun, toy hammer, pencil, money and picture book.

Verbal Language Development Scale
by Merlin J. Mecham

American Guidance Service
Publishers' Building
Circle Pines, Minn. 55041

The Verbal Language Development Scale is an expansion of the verbal portion of the Vineland Social Maturity Scale. It yields a language age equivalent based on characteristics of communication. Scoring is accomplished as an informant is interviewed.

Vocabulary Comprehension Scale
by Tine E. Bangs

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

Provides teachers of language learning disabled children with baseline information about comprehension of pronouns, words of position, quality, quantity and size. With this baseline data, the clinician can plan activities that assist in developing a vocabulary that will be appropriate for entrance into kindergarten or first grade. The Scale is individually administered to children ages 2-6. Administration time is approximately 20 minutes. The Vocabulary Comprehension Scale contains 61 stimuli divided into four game-like activities. Each activity area has objects the child must manipulate in response to the oral stimulus given by the examiner. The word "around" is measured by asking the child to "push the car around the tree." A tea set and a boy and girl doll are objects for measuring comprehension of pronouns. The scoring form includes a space for recording performance as a "pass" or a "fail" and a summary sheet which divides the stimuli into the language concepts being tested. Developmental norms are provided for each test item, but **not** for the overall test score. The kit is housed in a cardboard garage containing a manual, all necessary objects and 25 scoring forms.

Yellow Brick Road by
Christine Kallstrom, Ph.D.

Teaching Resources
50 Pond Park Rd.
Hingham, Mass. 02043

The Yellow Brick Road is a screening instrument designed to identify functional weaknesses and strengths in preschool children (ages 5-6). It may be administered individually or in groups. The individual administration time is approximately 45 minutes. The Yellow Brick Road has four batteries containing six sub-tests. The batteries are Motor, Visual, Auditory and Language. There is a separate booklet for each battery. The kit contains a manual, 4 battery booklets, test objects (xylophone, butterfly, hammer and nail, etc.), and 25 admission tickets for scoring and indicating referrals.

Test of Language Development
(TOLD) by Phyllis L. Newcomer
and Donald D. Hamill

Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, Calif. 90025

The Test of Language Development (TOLD) is composed of five principle subtests that tap semantics (oral vocabulary and picture vocabulary) and syntax (grammatic understanding, sentence imitation and grammatic completion). There are two supplementary subtests that tap phonology (word articulation and word discrimination). The TOLD was standardized on 1,014 children from a variety of backgrounds. Norms are provided for ages 4.0 through 8.11 years. Administration requires approximately 40 minutes. The subtests are independently standardized and may be given alone or together.

The test packet includes the test manual, a booklet of picture stimuli, a manual on construction and statistical characteristics of the test, and five score sheets. The scoring sheet has identifying information and results are stated in terms of a language age and a language quotient. A profile may be graphed from the scaled scores.

Token Test for Children
by Frank D. Simoni

Teaching Resources Corp.
50 Pond Park Rd.
Hingham, Mass. 02043

The Token Test for Children assists in the identification of receptive language dysfunction in children. It is a screening instrument which measures functional listening ability. The test is quickly administered and scored in approximately eight minutes. The Token Test for Children is designed for children ages four to 12 who are at risk for language dysfunction. Norms are provided in six-month age intervals as well as by grade level.

# Appendix F
# Georgia Teacher Certification Requirements and Regulations for Speech-Language Pathologists

## The Speech and Language Pathologist Four-Year (SLP-4) Certificate

### Teaching Field

Forty-five quarter hours in content courses distributed as indicated in each of the following areas.

Basic Speech and Hearing Sciences — 10 quarter hours

Speech Rehabilitation — 20 quarter hours

Audiology/Hearing Rehabilitation — 5 quarter hours

Supportive Areas in Speech Pathology, Audiology, Psychology, Education — 10 quarter hours

### Professional Education

No less than five quarter hours in supervised student teaching or practicums in speech and language pathology to include the areas of voice, language, articulation and fluency. Verification of these coverages will be required on Form 1C-10F.

Beginning Sept. 1, 1980 all **new** SLP-4 certificates issued will be three-year nonrenewable certificates.

## The Speech and Language Pathologist Five-Year (SLP-5) Certificate

Eligibility for the SLP-5 certificate may be established by meeting the requirements outlined under one of the following plans.

### Plan I — The Georgia Approved Program

- Eligibility for the SLP-4.
- Completion of a master's degree program approved by the State Board of Education in Georgia.
- The responsible official of the Georgia institution must recommend issuance of the certificate, verifying that the applicant has completed successfully the graduate program in speech and language pathology.

### Plan II — Based on NCATE Recommendation

- Eligibility for the SLP-4.
- Holds the master's degree from a regionally accredited institution which has completed an NCATE (National Council for Accreditation of Teacher Education) approved program in speech and language pathology.
- Qualifies for the professional certificate at the fifth-year level for the speech and language pathologist, the certificate having been issued by the state in which the institution is located.
- Has the recommendation for professional certification from the responsible official of the institution, verifying that the applicant has completed successfully the NCATE program in speech and language pathology.
- Has completed 275 clock hours of practicum in the field of speech and language pathology which included 75 clock hours with children. The hours should be distributed among the four areas of articulation, voice, fluency and language. Verification of this will be required on Form 1C-10F.

### Plan III — Based on Georgia Licensure

- Holds a master's degree in speech and language pathology from a regionally accredited institution which has an approved program for the field of speech and language pathology.

- Holds a valid license to practice speech pathology in the State of Georgia.
- Has completed 275 clock hours of practicum in the field of speech and language pathology which included 75 clock hours with children. The hours should be distributed among the four areas of articulation, voice, fluency and language. Verification of this will be required on Form 1C-10F.

**Plan IV — Based Upon the American Speech and Hearing Association**

- Holds a master's degree in speech pathology from a regionally accredited institution which has an approved program for the field of speech and language pathology.
- Holds a valid certificate of clinical competence from ASHA in speech and language pathology.

**Plan V — Evaluations for Certification**

- Eligibility for the SLP-4.

- Holds a master's degree from a regionally accredited institution.
- A total of 45 quarter hours of graduate credit from an institution with an approved program in speech and language pathology distributed as follows.

Basic Speech and Hearing Sciences — 10 quarter hours

Speech Rehabilitation — 20 quarter hours

Audiology/Hearing Rehabilitation — 5 quarter hours

Supportive Areas in Speech and Hearing Pathology, Psychology, Education — 10 quarter hours

- Has completed 275 clock hours of practicum in the field of speech and language pathology which included 75 clock hours with children. The hours should be distributed among the four areas of articulation, voice, fluency and language. Verification of this will be required on Form 1C-10F.

## SLP-6 Certificates

**Plan I — The Georgia Approved Program**

If the applicant is eligible for a fifth-year certificate in the same field or area, the six-year certificate may be issued upon completion of a six-year program approved by the Georgia State Board of Education. The applicant must secure the recommendation for certification from the responsible official of the Georgia college verifying that the applicant has completed successfully the graduate teacher education program in the specific field for which certification is requested. In addition, the applicant must have three years of acceptable experience.

**Plan II — On College Recommendation Only**

The six-year certificate may be issued upon completion of the following.

- Eligibility for the professional five-year certificate in speech and language pathology.
- The six-year program from a regionally accredited graduate school with an approved program for the specific field, with a minimum of 45 quarter hours of graduate credit beyond the master's degree and the first professional five-year certificate.
- The recommendation of the responsible official of the institution verifying that the applicant has completed successfully the graduate teacher education program in the specific field for which certification is requested.
- Three years of acceptable experience.

**Plan III — Evaluations for Certification**

Teacher Certification Services evaluates the qualifications of all applicants who are not eligible for a six-year certificate based on a college recommendation under Plans I or II.

**Renewal Requirements for SLP-4 and SLP-5**

The standard requirement to renew a Georgia teaching certificate is 10 quarter hours of college credit or the equivalent local staff development credit earned through a local staff development plan specifically approved for certification renewal. The 10 quarter hours required to renew a teaching certificate by teachers employed in Georgia schools must be in an area of assessed need, professional growth or advancement as determined by self and external assessment and approved by the employing superintendent or college advisor as is appropriate. (This does not apply to holders of valid life certificates.) SLP-4 is renewed every three years. New SLP-4 certificates issued after Sept. 1, 1980, are nonrenewable. SLP-5 is renewed every five years.

The following administrative procedures will apply.

- Certificate holders participating in an approved teacher education program leading to a higher level of certification and those doing renewal work through an approved local staff development plan will not be required to present additional justification for renewal purposes.
- Certificate holders completing college credit other than credit from approved programs leading to higher levels of certification, must accompany such course work with assurances from the employing superintendent that the courses taken were related to the assessed need of the teacher.
- If Teacher Certification Services or the education department of a Georgia college has outlined courses for an additional type or field of certificate, credit for 10 quarter hours toward these requirements may serve to renew or reinstate.

The individual is responsible for keeping his or her own certificate in force and should note the period of time for which it is valid and the expiration date. The following regulations apply to renewal and reinstatement.

- A certificate becomes invalid on its expiration date and may not be extended although the holder may not have served on it.
- Certificates are renewable on credit earned within seven years after the expiration date, provided application is made before the end of that seven-year period; however, the certificate will be invalid from the expiration date until all renewal requirements are completed.

To renew a certificate which has been expired in excess of seven years, the holder must complete current requirements in effect for the certificate requested and satisfy recent study requirements.

When an applicant holds multiple levels of certificates, only the higher level certificate must meet current requirements.

Certificate holders should always contact the certification office to ascertain if there are special renewal requirements in effect for the type certificate being renewed.

For further information contact

Teacher Certification Services
Georgia Department of Education
State Office Building
Atlanta, Ga. 30334

# Appendix G
# Preparing for Monitoring: A Checklist for Speech-Language Pathology Programs

Speech-language pathologists may find the following checklist valuable in preparing their programs for monitoring. Although, this list of monitoring issues is not comprehensive, it contains those issues that typically effect speech-language pathology programs.

| Yes | No | |
|---|---|---|
| ____ | ____ | Parental Permission to Evaluate (form must include all necessary components) |
| ____ | ____ | Hearing and vision screening prior to evaluation |
| ____ | ____ | Comprehensive Evaluation |

Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full and individual evaluation must be conducted in accordance with the following: Local Education Agency (LEA) shall utilize appropriate evaluation procedures including trained evaluation personnel, utilization of multi-disciplinary teams, use of validated and non-discriminatory assessment, and use of more than one procedure or instrument. (See Appendix H "Outline for Comprehensive Speech and Language Evaluation" by Georgia Department of Education).

____ ____ IEP

The IEP for each child must include

- A statement of present levels of educational performance; (include test data)
- A statement of annual goals, including short-term instructional objectives
- A statement of the specific special education and related services to be provided, and the extent to which the child will be able to participate in regular educational programs
- Projected dates for initiation of services and anticipated duration of services
- Appropriate objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

____ ____ Meeting is held annually to develop/review IEP.

____ ____ Each IEP meeting includes the following participants (see attached chart)

- A representative of the public agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education
- The child's teacher
- One or both parents, subject to 121a.345
- The child, where appropriate
- Other individuals at the discretion of the parent or agency

(b)(1)(2) For a child evaluated for the first time, a member of the evaluation team or a person knowledgeable about the evaluation procedures used and results.

____ ____ IEP is in effect before special education and related services are provided to a child. IEP is developed before placement (including short-term objectives). It is suggested that IEP and placement be completed in one meeting.

____ ____ Steps must be taken to insure that parents are afforded the opportunity to participate in the development of the IEP. An IEP meeting may be conducted without parents if the public agency is unable to convince the parents that they should attend. Records of the attempts to involve parents must be kept, such as

- Records of telephone calls and the results
- Copies of correspondence and any responses received
- Records of home visits.

____ ____ Invitation to IEP meeting

The notice must indicate the purpose, time, location of the meeting, and who will be in attendance.

| Yes | No | |
|---|---|---|
| ____ | ____ | A copy of the IEP is given to the parents on request. |
| ____ | ____ | Each student has **one** IEP, even if enrolled in two or more special education programs. |
| ____ | ____ | Adequate Staff Development Program |
| ____ | ____ | Qualified certified personnel are employed |
| ____ | ____ | Testing and evaluation materials and procedures used for the purpose of evaluation and placement of handicapped children must be selected and administered so as not to be racially or culturally discriminatory. |
| ____ | ____ | Placement Procedures |

In interpreting evaluation data and in making placement decisions, each LEA shall

- Obtain information for a variety of sources
- Insure that the information is documented and considered
- Insure that placement decisions are made by a committee including persons knowledgeable about the child, the meaning of the evaluation data and placement options.

| | | |
|---|---|---|
| ____ | ____ | Placement committee meeting minutes must be kept. |
| ____ | ____ | Written parental permission for placement must be obtained. Form must include all necessary components. The LEA must insure that each handicapped child's educational placement is |

- Determined at least annually
- Based on his/her IEP
- As close as possible to his/her home.

| | | |
|---|---|---|
| ____ | ____ | Prior Notice |

The LEA must provide written **notice** to parents when it proposes or refuses to initiate or change the identification, evaluation or educational placement of a child.

| | | |
|---|---|---|
| ____ | ____ | Content of Prior Notice. |

The notice contains a full explanation of procedural safeguards, a complete description of LEA proposals or refusals; options considered and rejected, descriptions of tests and other bases for decisions, and other relevant factors.

Notice must be in the parent's native language or other mode of communication understandable by the parent.

| | | |
|---|---|---|
| ____ | ____ | Parents are permitted to inspect and review any educational records relating to their children. The agency shall comply with a request without unnecessary delay and before any meeting. If any education record includes information on more than one child, the parents of those children shall have the right to inspect and review only the information relating to their child or to be informed of that specific information. |
| ____ | ____ | Signed parental consent must be obtained before personally identifiable data is disclosed to anyone other than officials of authorized participating agencies. |
| ____ | ____ | Confidential records are kept in a secure location (i.e., locked filing cabinet). |
| ____ | ____ | Record of Access |

Each LEA shall keep a record of parties having access to confidential data (except parents and unauthorized employees) including name, date and purpose. It is suggested that the record of access be maintained as part of the child's records.

| | | |
|---|---|---|
| ____ | ____ | Each LEA shall maintain, for public inspection, a current listing of names and positions of employees within the agency who have access to personally identifiable information. (It is suggested that this list be posted on the filing cabinet containing confidential records). |
| ____ | ____ | Speech and Language Therapy |

Services are available to all school-age children, 5-18 years, that have been identified as needing these services. A continuum of services is available.

## ROLES OF PARTICIPANTS FOR SPEECH AND LANGUAGE I.E.P.s

| (1) Representative of School District who is qualified to supervise or provide Special Education. | (2) Teacher | (3) Parent | (4) Diagnostic (for initial I.E.P.) | (5) Others |
|---|---|---|---|---|
| Possible choices to fill each role include: | | | | |
| *Speech-Language Pathologist | *Speech-Language Pathologist | Either or both parents or guardians | Usually the Speech-Language Pathologist (this can be a duplication) | Child<br>Others at discretion of parents or educators. |
| Director of Special Education | General Education Classroom Teacher | | | |
| Principal | Special Education Classroom Teacher | | | |
| Special Education Supervisor/Department Head | | | | |
| Teacher Consultant | | | | |
| Special Education Classroom Teacher | | | | |

*NOTE: In IEPs for children with speech and language services only, the speech-language pathologist of the child in question may fill either role (1) or (2), but cannot fill both roles at any one meeting. However, when the speech-language pathologist serves as the "teacher" of the child in question, another speech-language pathologist may then serve as representative of the school district.

# Appendix H
# Suggested Outline for Comprehensive Speech-Language Evaluation

I. Hearing and vision screening prior to evaluation

II. Screening of articulation, fluency, language, voice and oral peripheral mechanism.

III. Test one or more of the areas judged to be disordered in Step II.

A. **Articulation Disorders**

1. Oral peripheral examination
2. Articulation test (including stimulability for sound production and intelligibility of conversational speech)
   a. Goldman-Fristoe Test of Articulation
   b. Arizona Articulation Proficiency Scale
   c. Weiss Comprehensive Articulation Test
   d. Templin-Darley Test of Articulation
   e. Fisher-Logemann Test of Articulation Competence
3. Other (as needed)
   a. Conversational Speech Sample
   b. Auditory Discrimination Test
      (1) Goldman-Fristoe-Woodcock Test of Auditory Discrimination
      (2) Informal speech sound discrimination testing

B. **Fluency Disorders**

1. Oral peripheral examination
2. Classroom Observation
3. Fluency assessment
   a. Stuttering Severity Instrument (Riley, G., Journal of Speech and Hearing Disorders, August 1972)
   b. Fluency Assessment Battery (Price and Goephert, Memphis State University, 1976)
   c. Stuttering Interview (Ryan, Bruce, P., *Programmed Therapy for Stuttering*, Springfield, Ill.: Charles C. Thomas, Publisher, 1974, p. 33-50)
4. Other (as needed)
   a. Case History
   b. Parent Interview
   c. "Checklist of Stuttering Behavior" and "Stutterer's Self-Ratings of Reactions to Speech Situations" (Darley, F. L. and Spriestersbach, D. C. *Diagnostic Methods in Speech Pathology*, New York: Harper and Row, 1978.)

C. **Voice Disorders**

1. Oral peripheral examination (including assessment of velopharyngeal competence, etc.)
2. Critical listening
   a. Assessment of vocal quality (see examination checksheets in Appendix A)
   b. "Voice Profile" (Wilson, F. B. *Voice Disorders* (kit) Austin, Texas: Learning Concepts, 1977.)
3. Case History
4. Report from medical doctor (results of indirect laryngoscopy, etc.) — required for all voice cases, see Georgia's Program for Exceptional Children Regulations and Procedures)

E. **Language Disorders***

1. Oral peripheral examination
2. General language testing — broad overview of language skills.
   Detect specific areas of weakness to "deep test" in next step.
   a. Bankson Language Screening Test
   b. Pre School Language Scale
   c. Oral Language Sample
   d. Test of Language Development (TOLD)
   e. Clinical Evaluation of Language Functions (Elementary Level Screening or Advanced Level Screening)

3. Measures of specific language skill (one or more of the following)
   a. Receptive
      1. Boehm Test of Basic Concepts
      2. Peabody Picture Vocabulary Test
      3. Test for Auditory Comprehension of Language (Carrow)
      4. Miller-Yoder Test of Grammatical Comprehension
      5. Assessment of Children's Language Comprehension
      6. Token Test
      7. Clinical Evaluation of Language Functions (Comprehensive Diagnostic Battery)
   b. Expressive
      1. Carrow Elicited Language Inventory
      2. The Structured Photographic Language Test
      3. Developmental Sentence Scoring
      4. Northwestern Syntax Screening Test: Expressive Subtest
      5. Boston Diagnostic Aphasia Examination: Visual Confrontation Naming subtest and Fluency of Controlled Association subtest
      6. Detroit Test of Learning Aptitude (selected subtests)
      7. Analysis of oral language sample.
      8. Clinical Evaluation of Language Functions (Comprehensive Diagnostic Battery)

*Test and similar evaluation materials must be selected and administered so as not to be racially or culturally discriminatory.

# Appendix I
# Reference List - Use of Communication Aides in Speech-Language Pathology Programs

**School Systems**

Several Georgia school systems have employed communication aides. If you want more information concerning some of these programs, contact one of the following systems.

Clayton County
Milton McDonald
5870 Maddox Rd.
Morrow, Ga. 30260
(404) 363-1971

Coffee County
Mary Armstrong
Coffee County Schools
Douglas, Ga. 31533
(912) 334-8647

DeKalb County
Brenda Marquis
Consultant, Speech and Language Impaired
Robert Shaw Center
385 Glendale Rd.
Scottdale, Ga. 30079
(404) 292-7272

Houston County
Ellen Maltais
Perry, Ga. 30169
(912) 987-1929

**Publications**

American Speech and Hearing Association Committee on Supportive Personnel, "Guidelines on the Role, Training, and Supervision of the Communication Aide," *ASHA*, 12, 78-80 (1970).

Alpiner, D. J., "Innovation in Speech Therapy: A Cost Effective Program." *Exceptional Children*, May, 1977, 520-525.

Barker, K. D., *The Management of Speech Communication Aides in the Public Schools*. Des Moines, Iowa: Des Moines County Speech and Hearing Department (1963).

Costello, J. and Schoen, Jr. "The Effectiveness of Paraprofessionals and A Speech Clinician as Agents of Articulation Intervention Using Programmed Instruction" *Language, Speech, and Hearing Services in Schools*, IX, 2, 118-128 (1978).

Ham, R. (Ed). *Training and Utilization of Supportive Personnel for Speech Therapy in the Public Schools*. Athens, Ohio: Ohio University (1968).

Jelinek, J. A., "A pilot program for the training and utilization of paraprofessionals in preschools" (abstract) *ASHA*, 16, 524, (1974).

Miller, S. M., Otermat, C. A., Perbix, J. E., Love, R. A., and Hargrove, P. M., "Utilization of Paraprofessionals as a Method of Speech and Language Intervention in a TMR Population" (abstract) *ASHA*, 16, 524. (1974).

Mowrer, D. E. "Accountability and Speech Therapy in the Public Schools: *ASHA*, 14, 111-115 (1972).

Pickering, M. and Dopherde, W. R., "Training Aides to Screen Children for Speech and Language Problems." *Language, Speech, and Hearing in Schools*, VII, 4, 236-241 (1976).

Scalero, A. M. and Eskenazi, C., "The Use of Supportive Personnel in a Public School Speech and Language Program" *Language, Speech, and Hearing Services in Schools*, VII, 3, 150-158 (1976).

Strong, B., "Public School Speech Technicians in California." *Language, Speech and Hearing Services in Schools*, 53-56 (1972).

Van Hattum, R. J., "Services of the Speech Clinician in Schools: Progress and Prospects" *ASHA*, 18, 59-63 (1976).

*Federal law prohibits discrimination on the basis of race, color or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and Title II of the Vocational Education Amendments of 1976); or handicap (Section 504 of the Rehabilitation Act of 1973) in educational programs or activities receiving federal financial assistance.*

*Employees, students and the general public are hereby notified that the Georgia Department of Education does not discriminate in any educational programs or activities or in employment policies.*

*The following individuals have been designated as the employees responsible for coordinating the department's effort to implement this nondiscriminatory policy.*

*Title II — Loydia Webber, Vocational Equity Coordinator*
*Title VI — Peyton Williams Jr., Associate Superintendent of State Schools and Special Services*
*Title IX — Evelyn Rowe and Myra Tolbert, Coordinators*
*Section 504 — Jane Lee, Coordinator of Special Education*

*Inquiries concerning the application of Title II, Title VI, Title IX or Section 504 to the policies and practices of the department may be addressed to the persons listed above at the Georgia Department of Education, State Office Building, Atlanta 30334; to the Regional Office for Civil Rights, Atlanta 30323; or to the Director, Office for Civil Rights, Education Department, Washington, D.C. 20201.*

Printed by DOAS Printing Services

Gen 2654.18
Quantity 1000